

## Appendix A: CWF Assistance Request Required Data Reference

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For information on how to use these tables, please see Section 2.4 of the user guide.

**Table A-1: CWF Assistance Request Required Data: Action Requested**

Field	Required?
DCN	Y
HICN	Y
ACTIVITY CODE	Y
ACTION(S)	Y
SOURCE	Y
IMPORT HIMR MSP DATA	Y

**Table A-2: CWF Assistance Request Required Data: CWF Auxiliary Record Data**

Field	Required?	Notes
MSP TYPE	Y	N/A
NEW MSP TYPE	Y	Required when ACTION is MT.
PATIENT RELATIONSHIP	Y	N/A
NEW PATIENT RELATIONSHIP	Y	Required when ACTION is PR.
AUXILIARY RECORD #	Y	Part D contractors must enter 001 when the Auxiliary Record Number is unknown.
ORIGINATING CONTRACTOR	Y	N/A
EFFECTIVE DATE	Y	N/A
NEW EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE	Y	Required when ACTION is TD or CT.
ACCRETION DATE	N	N/A

**Table A-3: CWF Assistance Request Required Data: Informant Information**

Field	Required?	Notes
FIRST NAME	Y	Required for all ACTIONs when Source is CHEK, LTTR, or PHON. Required for all SOURCEs when Action is AI.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. Required for all SOURCEs when ACTION is AI.
ADDRESS	Y	Required for all ACTIONs when the Source is CHEK, LTTR, or PHON. Required for all SOURCEs when the ACTION is AI.
CITY	Y	Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON Required for all SOURCEs when the ACTION is AI.
STATE	Y	Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON Required for all SOURCEs when the ACTION is AI.
ZIP	Y	Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON Required for all SOURCEs when the ACTION is AI.
PHONE	N	N/A
RELATIONSHIP	Y	Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON Must be A when ACTION is AI.

**Table A-4: CWF Assistance Request Required Data: Insurance Information**

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required for all SOURCES when ACTION is II. <b>Note:</b> ECRS Web deletes all information entered in subsequent fields if this field is left blank and the ACTION is II.
ADDRESS	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
INSURANCE TYPE	Y	Required for all SOURCES when ACTION is AI or IT.
NEW INSURANCE TYPE	Y	Required when the ACTION is IT.
POLICY NUMBER	Y	Required when the ACTION is AP and the MSP TYPE is not D, E, L, or W. <b>Note:</b> If the POLICY NUMBER is entered, the GROUP NUMBER is not required.
GROUP NUMBER	Y	Required when the ACTION is CD and the MSP TYPE is D, E, L, or W. Required when the ACTION is AP and the MSP TYPE is not D, E, L, or W. <b>Note:</b> If the GROUP NUMBER is entered, the POLICY NUMBER is not required.
SUBSCRIBER FIRST NAME	N	N/A
SUBSCRIBER MIDDLE INITIAL	N	N/A
SUBSCRIBER LAST NAME	N	N/A

**Table A-5: CWF Assistance Request Required Data: Employment Information**

Field	Required?	Notes
EMPLOYER NAME	Y	Required when the ACTION is EA or EI.
ADDRESS	Y	Required when the ACTION is EI.
ADDRESS 2	N	N/A
CITY	Y	Required when the ACTION is EI.
STATE	Y	Required when the ACTION is EI.
ZIP	Y	Required when the ACTION is EI.
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

**Table A-6: CWF Assistance Request Required Data: Additional Information**

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Y	Required when the ACTION is PH.
SOCIAL SECURITY NUMBER	Y	Required when the ACTION is MX.
DIAGNOISIS CODES	Y	<ul style="list-style-type: none"> <li>• Required when the ACTION is DX.</li> <li>• Required when MSP TYPE is D, E, or L.</li> </ul>

**Table A-7: CWF Assistance Request Required Data: Comments/Remarks**

Field	Required?	Notes
COMMENTS	N	N/A
REMARKS	Y	Required when the ACTION is AR.

## Appendix B: MSP Inquiry Required Data Reference

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**Table B-1: MSP Inquiry Required Data: Action Requested**

Field	Required?
DCN	Y
HICN	Y
ACTIVITY CODE	Y
ACTION	N
SOURCE	Y

**Table B-2: MSP Inquiry Required Data: MSP Information**

Field	Required?	Notes
MSP TYPE	Y	<ul style="list-style-type: none"> <li>Required when the SOURCE is PHON.</li> <li>Required when the ACTION is CA or CL. (MSP TYPE must be D, E, or L when the ACTION is CL.)</li> </ul>
PATIENT RELATIONSHIP	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is blank and MSP TYPE is F.</li> <li>Required when the ACTION is CA and MSP TYPE is L.</li> <li>Required when the ACTION is CL and MSP TYPE is D, E, or L.</li> </ul>
EFFECTIVE DATE	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is CA and MSP TYPE is L</li> <li>Required when the ACTION is CL and MSP TYPE is D, E, or L</li> </ul>
TERMINATION DATE	Y	Required when the ACTION is CL and MSP TYPE is D, E, or L.
CMS GROUPING CODE	Y	Required when the ACTION is CA and MSP TYPE is L.
DIALYSIS TRAIN DATE	N	N/A
BLACK LUNG BENEFITS	N	N/A
BLACK LUNG EFFECTIVE DATE	N	N/A
SEND TO CWF	N	N/A

**Table B-3: MSP Inquiry Required Data: Informant Information**

Field	Required?	Notes
FIRST NAME	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is CA or CL, unless Insurance Company information will be entered.</li> <li>Required when the SOURCE is CHEK, LTTR, or PHON.</li> </ul>
MIDDLE INITITAL	N	N/A
LAST NAME	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is CA or CL, unless Insurance Company information will be entered.</li> <li>Required when SOURCE is CHEK, LTTR, or PHON.</li> </ul>
ADDRESS	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is CA or CL, unless Insurance Company information will be entered.</li> <li>Required when the SOURCE is CHEK, LTTR, or PHON.</li> </ul>
CITY	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is CA or CL, unless Insurance Company information will be entered.</li> <li>Required when SOURCE is CHEK, LTTR, or PHON.</li> </ul>
STATE	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is CA or CL, unless Insurance Company information will be entered.</li> <li>Required when the SOURCE Coe is CHEK, LTTR, or PHON.</li> </ul>
ZIP	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is CA or CL, unless Insurance Company information will be entered.</li> <li>Required when the SOURCE is CHEK, LTTR, or PHON.</li> </ul>
PHONE	N	N/A
RELATIONSHIP	Y	<ul style="list-style-type: none"> <li>Required when the SOURCE is CHEK, LTTR, or PHON.</li> <li>Must be A if the ACTION is CA or CL and informant information is entered.</li> </ul>

**Table B-4: MSP Inquiry Required Data: Insurance Information**

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required <b>unless</b> the ACTION is blank or DE.
ADDRESS LINE 1	Y	<ul style="list-style-type: none"> <li>• Required when an Insurance Company Name is entered.</li> <li>• Required when the ACTION is DI.</li> <li>• Required when the ACTION is CA or CL, unless Informant information was entered.</li> </ul>
ADDRESS LINE 2	N	N/A
CITY	Y	<ul style="list-style-type: none"> <li>• Required when an Insurance Company Name is entered.</li> <li>• Required when the ACTION is DI.</li> <li>• Required when the ACTION is CA or CL, unless Informant information was entered.</li> </ul>
STATE	Y	<ul style="list-style-type: none"> <li>• Required when an Insurance Company Name is entered.</li> <li>• Required when the ACTION is DI.</li> <li>• Required when the ACTION is CA or CL, unless Informant information was entered.</li> </ul>
ZIP	Y	<ul style="list-style-type: none"> <li>• Required when an Insurance Company Name is entered.</li> <li>• Required when the ACTION is DI.</li> <li>• Required when the ACTION is CA or CL, unless Informant information was entered.</li> </ul>
PHONE	N	N/A
INSURANCE TYPE	Y	N/A
POLICY NUMBER	N	N/A
GROUP NUMBER	N	N/A
SUBSCRIBER FIRST NAME	N	N/A
SUBSCRIBER MIDDLE INITIAL	N	N/A
SUBSCRIBER LAST NAME	N	N/A
SUBSCRIBER SSN	N	N/A

**Table B-5: MSP Inquiry Required Data: Employment Information**

Field	Required?	Notes
EMPLOYER NAME	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is DE.</li> <li>Required when MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
ADDRESS	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is DE.</li> <li>Required when MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
ADDRESS 2	N	N/A
CITY	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is DE.</li> <li>Required when MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
STATE	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is DE.</li> <li>Required when MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
ZIP	Y	<ul style="list-style-type: none"> <li>Required when the ACTION is DE.</li> <li>Required when MSP TYPE is F and SEND TO CWF is Yes</li> </ul>
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

**Table B-6: MSP Inquiry Required Data: Additional Information**

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
DIAGNOISIS CODES	Y	Required when the ACTION is CA or CL.
ILLNESS/INJURY DATE	N	N/A
BENEFICIARY REPRESENTATIVE TYPE	N	N/A
BENEFICIARY REPRESENTATIVE NAME	N	N/A
BENEFICIARY REPRESENTATIVE ADDRESS	N	N/A
BENEFICIARY REPRESENTATIVE CITY	N	N/A
BENEFICIARY REPRESENTATIVE STATE	N	N/A
BENEFICIARY REPRESENTATIVE ZIP	N	N/A

**Table B-7: MSP Inquiry Required Data: Prescription Coverage**

Field	Required?	Notes
INSURANCE COMPANY NAME	N	N/A
ADDRESS LINE 1	N	N/A
ADDRESS LINE 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
POLICY NUMBER	N	N/A
EFFECTIVE DATE	N	N/A
TERMINATION DATE	N	N/A
RECORD TYPE	N	N/A
COVERAGE TYPE	Y	N/A
BIN	Y	Required when COVERAGE TYPE is U.
PCN	Y	Required when COVERAGE TYPE is U.
GROUP	Y	Required when COVERAGE TYPE is U.

Field	Required?	Notes
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Y	Must be L when RECORD TYPE is Supplemental
PERSON CODE	Y	<ul style="list-style-type: none"> <li>• Required when RECORD TYPE is Supplemental.</li> <li>• Required when SUPPLEMENTAL TYPE is L.</li> </ul>

## Appendix C: Prescription Drug Assistance Request Required Data Reference

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**Table C-1: Prescription Drug Assistance Request Required Data: Action Requested**

Field	Required?	Notes
DCN	Y	N/A
HICN	Y	N/A
ACTIVITY CODE	Y	N/A
ACTION	Y	N/A
SOURCE	Y	N/A
MSP TYPE	Y	Required when ACTION is MT
NEW MSP TYPE	Y	Required when ACTION is MT.
RECORD TYPE	Y	Always required when Record Type is Primary..
PATIENT RELATIONSHIP	Y	N/A
NEW PATIENT RELATIONSHIP	Y	Required when ACTION is PR.
PERSON CODE	Y	<ul style="list-style-type: none"> <li>• Required when RECORD TYPE is Supplemental</li> <li>• Required when ACTION is PC</li> </ul>
ORIGINATING CONTRACTOR	Y	N/A
EFFECTIVE DATE	Y	N/A
NEW EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE	Y	<ul style="list-style-type: none"> <li>• Required when ACTION is CT</li> <li>• Required when ACTION is TD</li> </ul>
REMOVE EXISTING TERMINATION DATE	N	N/A

**Table C-2: Prescription Drug Assistance Request Required Data: Informant Information**

Field	Required?	Notes
FIRST NAME	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
CITY	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON..
STATE	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
ZIP	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
PHONE	N	N/A
RELATIONSHIP	Y	Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.

**Table C-3: Prescription Drug Assistance Request Required Data: Insurance Information**

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required for all SOURCES when ACTION is II. <b>Note:</b> ECRS Web deletes all information entered in subsequent fields if this field is left blank and the ACTION is II.
ADDRESS	N	N/A
ADDRESS 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
INSURANCE TYPE	Y	Required when ACTION is IT
NEW INSURANCE TYPE	Y	Required when ACTION is IT
COVERAGE TYPE	Y	N/A
POLICY NUMBER	Y	Required when the ACTION is AP and the MSP TYPE is <b>not</b> D, E, L, or W. <b>Note:</b> If the POLICY NUMBER is entered, the GROUP NUMBER is not required.

Field	Required?	Notes
GROUP NUMBER	Y	<ul style="list-style-type: none"> <li>GROUP NUMBER, BIN, or PCN is required when ACTION is CX</li> <li>Required when ACTION is AP and:                             <ul style="list-style-type: none"> <li>MSP TYPE is NOT D, E, L, or W, or</li> <li>COVERAGE TYPE is U.</li> </ul> </li> </ul> <p><b>Note:</b> If the GROUP NUMBER is entered, the POLICY NUMBER is not required.</p>
BIN	Y	<ul style="list-style-type: none"> <li>Required when COVERAGE TYPE is U.</li> <li>GROUP NUMBER, BIN, or PCN is required when ACTION is CX.</li> </ul>
PCN	Y	<ul style="list-style-type: none"> <li>Required when COVERAGE TYPE is U.</li> <li>GROUP NUMBER, BIN, or PCN is required when ACTION is CX.</li> </ul>
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	N	N/A

**Table C-4: Prescription Drug Assistance Request Required Data: Employment Information**

Field	Required?	Notes
EMPLOYER NAME	Y	Required when the ACTION is EA or EI.
ADDRESS	Y	Required when the ACTION is EI.
ADDRESS 2	N	N/A
CITY	Y	Required when the ACTION is EI.
STATE	Y	Required when the ACTION is EI.
ZIP	Y	Required when the ACTION is EI.
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

**Table C-5: Prescription Drug Assistance Request Required Data: Additional Information**

Field	Required?	Notes
CHECK NUMBER	Y	Required when the Source is CHEK.
CHECK DATE	Y	Required when the Source is CHEK.
CHECK AMOUNT	Y	Required when the Source is CHEK.

**Table C-6: Prescription Drug Assistance Request Required Data: Comments/Remarks**

Field	Required?
COMMENTS	N
REMARKS	N

## Appendix D: Prescription Drug Inquiry Required Data Reference

**Table D-1: Prescription Drug Inquiry Required Data: Initial Information**

Field	Required?
DCN	Y
HICN	Y
ACTIVITY CODE	Y
SOURCE	Y
MSP TYPE	Y
PATIENT RELATIONSHIP	Y
SEND TO MBD	Y

**Table D-2: Prescription Drug Inquiry Required Data: Additional Information**

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
INFORMANT FIRST NAME	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT MIDDLE INITITAL	N	N/A
INFORMANT LAST NAME	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT ADDRESS	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT CITY	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT STATE	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT ZIP	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT PHONE	N	N/A
INFORMANT RELATIONSHIP	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
EMPLOYER NAME	N	N/A
EMPLOYER ADDRESS	N	N/A
EMPLOYER ADDRESS 2	N	N/A
EMPLOYER CITY	N	N/A
EMPLOYER STATE	N	N/A
EMPLOYER ZIP	N	N/A

Field	Required?	Notes
EMPLOYER PHONE	N	N/A
EMPLOYER EIN	N	N/A
EMPLOYER EMPLOYEE #	N	N/A

**Table D-3: Prescription Drug Inquiry Required Data: Prescription Coverage**

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	N/A
ADDRESS LINE 1	N	N/A
ADDRESS LINE 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
EFFECTIVE DATE	Y	N/A
TERMINATION DATE	Y	N/A..
RECORD TYPE	N	N/A
COVERAGE TYPE	Y	N/A
BIN	Y	Required when COVERAGE TYPE is U.
PCN	Y	Required when COVERAGE TYPE is U.
POLICY NUMBER	N	N/A
GROUP	Y	Required when COVERAGE TYPE is U.
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	N	N/A
PERSON CODE	Y	<ul style="list-style-type: none"> <li>• Required when RECORD TYPE is Supplemental</li> <li>• Required when RECORD TYPE is blank and SUPPLEMENTAL TYPE is L.</li> </ul>

## Appendix E: Reason Codes

**Table E-1: Reason Codes**

Reason Code	Definition
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by BCRC, used with IP status
06	Sent to the Enrollment Data Base (EDB) for beneficiary info. Used with IP status
07	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Information sent to MBD
30	SEE approved Medicare primary
31	Action Code and Comments Conflict
32	Record terminated/deleted due to OBRA 93
33	WCSA record – request must go to regional office
34	Record is “N” validity – we do not develop for “N” records
36	Policy Holder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	Development in process
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used with CM status <b>Note:</b> When Action 'ID' is submitted on a CWF Assistance Request and the BCRC determines that a duplicate record exists, the MSP record will be deleted from CWF and the CWF Assistance Request will be returned with a Status/Reason CM50.
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status

Reason Code	Definition
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report (More current information was received by the BCRC in the form of a self-report.
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse’s GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month

Reason Code	Definition
83	Incoming request conflicts with information on file <b>Note:</b> When Action 'ID' is submitted on a CWF Assistance Request and the BCRC determines that no duplicate record exists, the CWF Assistance Request will be returned with a Status/Reason CM83. Comments will be provided on the response.
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (check HIMR or resubmit as assistance request)
88	No update, not lead contractor
91	Duplicate investigation in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found
96	Per hierarchy guidelines, request cannot be honored.
97	Existing record is invalid and has been deleted. New record created to include changes requested.

## Appendix F: CWF Remark Codes

**Table F-1: Remark Codes**

Remark Code	Definition
01	Beneficiary retired as of termination date.
02	Beneficiary's employer has less than 20 employees.
03	Beneficiary's employer has less than 100 employees.
04	Beneficiary is dually entitled to Medicare, based on ESRD and Age or ESRD and disability.
05	Beneficiary is not married.
06	The Beneficiary is covered under the group health plan of a family member whose employer has less than 100 employees.
07	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.
08	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has not elected the working aged exception.
09	Beneficiary is self-employed.
10	A family member of the beneficiary is self-employed.
20	Spouse retired as of termination date.
21	Spouse's employer has less than 20 employees.
22	Spouse's employer has less than 100 employees.
23	Spouse's employer has less than 100 employees but is in a qualifying multiple or multi-employer plan.
24	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has elected the working aged exception.
25	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has not elected the working aged exception.
26	Beneficiary's spouse is self-employed.
30	Exhausted benefits under the plan.
31	Preexisting condition exclusions exist.
32	Conditional payment criteria met.
33	Multiple primary payers, Medicare is tertiary payer.
34	Information has been collected indicating that there is not a parallel plan that covers medical services.
35	Information has been collected indicating that there is not a parallel plan that covers hospital services.

Remark Code	Definition
36	Denial sent by EGHP, claims paid meeting conditional payment criteria.
37	Beneficiary deceased.
38	Employer certification on file.
39	Health plan is in bankruptcy or insolvency proceedings.
40	The termination date is the beneficiary's retirement date.
41	The termination date is the spouse's retirement date.
42	Potential non-compliance case, beneficiary enrolled in supplemental plan.
43	GHP coverage is a legitimate supplemental plan.
44	Termination date equals transplant date.
50	Employment related accident.
51	Claim denied by workers' comp.
52	Contested denial.
53	Workers' compensation settlement funds exhausted.
54	Auto accident - no coverage.
55	Not payable by black lung.
56	Other accident - no liability.
57	Slipped and fell at home.
58	Lawsuit filed - decision pending.
59	Lawsuit filed - settlement received.
60	Medical malpractice lawsuit filed.
61	Product liability lawsuit filed.
62	Request for waiver filed.
70	Data match correction sheet sent.
71	Data match record updated.
72	Vow of Poverty correction.

## Appendix G: File Layouts

### G.1 CWF Assistance Request File Layouts

#### CWF Assistance Request Header Record

**Table G-1: CWF Assistance Request Header Record Layout**

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code HE01. Required
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces.
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number. Required. If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	Valid values: 'CWF' – CWF Assistance Request file If not, drop file with error code HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code HE05.
Submitter Type	1	Alpha-Numeric	23	Part C/D Submitter Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code HE06.
Filler	1244	Filler	24-1267	Unused Field – fill with spaces

## G.2 CWF Assistance Request Trailer Record

**Table G-2: CWF Assistance Request Trailer Record Layout**

Data Field	Length	Type	Displacement	Edits
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code TE01. Required.
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with spaces.
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code TE03.
File Type	3	Alpha-Numeric	12-14	Valid values: 'CWF' – CWF Assistance Request File If not, drop file with error code TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code TE05.
Record Count	9	Numeric	23-31	Number of records on file. If invalid number or number does not match number of records in file, drop file with error code TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces

### G.3 CWF Assistance Request Detail Record

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

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

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

Data Field	Length	Type	Displacement	Description
Trans Action Code 1	2	Alpha	76-77	<p>Action Code. Valid values are:</p> <ul style="list-style-type: none"> <li>AI = Change Attorney Information</li> <li>AP = Add Policy and/or Group Number</li> <li>AR = Add CWF remark codes</li> <li>CA = CMS Grouping Code</li> <li>CD = Date of Injury/Date of Loss Changes</li> <li>CP = Incorrect ESRD Coordination Period</li> <li>CT = Change termination date</li> <li>DA = Develop to the attorney</li> <li>DD = Develop for the diagnosis code</li> <li>DE = Develop to employer or for employer info</li> <li>DI = Develop to insurer or for insurer info</li> <li>DO = Mark occurrence for deletion</li> <li>DR = Investigate/redevelop closed or deleted record</li> <li>DT = Develop for termination date</li> <li>DX = Change diagnosis codes</li> <li>EA = Change employer address</li> <li>ED = Change effective date</li> <li>EF = Develop for the effective date</li> <li>EI = Change employer information</li> <li>ES = Employer size below minimum (20 for working aged, 100 for disability)</li> <li>ID = Investigate/possible duplicate for deletion</li> <li>II = Change insurer information</li> <li>IT = Change insurer type</li> <li>LR = Add duplicate liability record</li> <li>MT = Change MSP type</li> <li>MX = SSN/HICN mismatch</li> <li>NR = Create duplicate no-fault record</li> <li>PH = Add PHP date</li> <li>PR = Change patient relationship</li> <li>TD = Add Termination Date.</li> <li>VP = Beneficiary has taken a vow of poverty</li> <li>WN = Notify BCRC of Updates to WCMSA Cases</li> </ul> <p><b>Required.</b> Enter up to four Actions unless the CWF assistance request is DE, DI, DO, DR, ID, or VP. You cannot combine these six Actions with any other action codes.</p>
Trans Action Code 2	2	Alpha-Numeric	78-79	<p>Action Code 2</p> <p>Valid values same as Trans Action Code 1.</p> <p>Not required. Populate with spaces if not available.</p>

Data Field	Length	Type	Displacement	Description
Trans Action Code 3	2	Alpha-Numeric	80-81	Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action Code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Activity Code	1	Alpha	84	Activity of Contractor. Valid values are: C = Claims (Prepayment) – 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan – 42003 I = General Inquiry – 42004 D = Debt Collection – 42021 <b>Required</b>
Develop to	1	Alpha	85	Development source code indicating where development letter was sent. Not required. Populate with spaces if not available.
RSP	1	Alpha	86	Development response indicator. Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	87-90	Four-character code identifying source of CWF assistance request information. Valid values are: CHE = Unsolicited check LTTR = Letter PHON= Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim <b>Required</b>
HIC Number	12	Alpha-Numeric	91-102	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. <b>Required</b> if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	103-111	Beneficiary's Social Security Number <b>Required</b> if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	112-119	Beneficiary's Date of Birth in CCYYMMDD format Not required. Populate with zeros if not available.

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

Data Field	Length	Type	Displacement	Description										
Patient Relationship	2	Numeric	161-162	<p>Patient relationship between policyholder and beneficiary</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>01 = Patient is policy holder</li> <li>02 = Spouse</li> <li>03 = Natural child, insured has financial responsibility</li> <li>04 = Natural child, insured does not have financial responsibility</li> <li>05 = Stepchild</li> <li>06 = Foster child</li> <li>07 = Ward of the Court</li> <li>08 = Employee</li> <li>09 = Unknown</li> <li>10 = Handicapped dependent</li> <li>11 = Organ donor</li> <li>12 = Cadaver donor</li> <li>13 = Grandchild</li> <li>14= Niece/nephew</li> <li>15= Injured plaintiff</li> <li>16= Sponsored dependent</li> <li>17= Minor dependent of a minor dependent</li> <li>18= Parent</li> <li>19= Grandparent dependent</li> <li>20= Domestic partner (Effective April, 2004.)</li> </ul> <p><b>Required</b></p> <p><b>Note:</b> For the following MSP TYPEs below, the PATIENT RELATIONSHIP codes listed to the right are the only valid values that can be used.</p> <table border="0"> <thead> <tr> <th data-bbox="883 1346 1013 1373">MSP TYPE</th> <th data-bbox="1073 1346 1386 1373">PATIENT RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="883 1388 1386 1409">-----</td> </tr> <tr> <td data-bbox="883 1423 906 1451">A</td> <td data-bbox="1073 1423 1143 1451">01, 02</td> </tr> <tr> <td data-bbox="883 1461 906 1488">B</td> <td data-bbox="1073 1461 1344 1488">01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td data-bbox="883 1499 906 1526">G</td> <td data-bbox="1073 1499 1344 1526">01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP TYPE	PATIENT RELATIONSHIP	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP TYPE	PATIENT RELATIONSHIP													
-----														
A	01, 02													
B	01, 02, 03, 04, 05, 18, 20													
G	01, 02, 03, 04, 05, 18, 20													

Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha	163	One-character code identifying type of MSP coverage Valid values are: A = Working Aged B = ESRD C = Conditional Payment D = Automobile Insurance E = Workers' Compensation F = Federal (Public) G = Disabled H = Black Lung L = Liability W =Workers' Compensation Set-Aside <b>Required</b>
MSP Effective Date	8	Date	164-171	Effective date of MSP coverage in CCYYMMDD format. <b>Required</b>
MSP Term Date	8	Date	172-179	Termination date of MSP coverage in CCYYMMDD format. Type one or more zeroes in this field to remove an existing termination date. Type 9 eight times in this field if you have conflicting dates for the termination date. Not required. Populate with zeros if not available.
AUX Row Number	3	Numeric	180-182	AUX record number of MSP record at CWF. <b>Required.</b> Populate with zeros if not available.
MSP Accretion Date	8	Date	183-190	Accretion date of MSP coverage in CCYYMMDD format. Not required. Populate with zeros if not available.
Originating Contractor	5	Alpha-Numeric	191-195	Contractor number of contractor that created original MSP occurrence at CWF <b>Required</b>
Filler	6	Alpha	196-201	Populate with spaces.
Beneficiary's Address 1	32	Text	202-233	First line of beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	234-265	Second line of beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's City	15	Text	266-280	Beneficiary's city Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	281-282	Beneficiary's state Not required. Populate with spaces if not available.
Beneficiary's Zip Code	9	Numeric	283-291	Beneficiary's zip code Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Beneficiary's Phone	10	Numeric	292-301	Beneficiary's telephone number Not required. Populate with zeros if not available.
Check Date	8	Numeric	302-309	Date of check received in CCYYMMDD format. Required if value in SOURCE field = CHEK. You cannot future-date this field. Populate with zeros if SOURCE field not equal to CHEK.
Check Amount	15	Alpha	310-324	Amount of check received in \$999,999,999.99 format. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Check Number	15	Alpha	325-339	Number of check received. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Informant's First Name	15	Text	340-354	Name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Middle Initial	1	Alpha	355	Informants middle initial. Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	356-379	Last name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Phone	10	Numeric	380-389	Informant's telephone number Not required. Populate with zeros if not available.
Informant's Address 1	32	Text	390-421	Informant's street address 1 <b>Required</b> when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Address 2	32	Text	422-453	Name of person informing contractor of change in MSP coverage. Not required
Informant's City	15	Text	454-468	Informant's city. <b>Required</b> when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON
Informant's State	2	Alpha	469-470	Informant's state <b>Required</b> when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.

Data Field	Length	Type	Displacement	Description
Informant's Zip Code	9	Numeric	471-479	Informant's zip code Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Relationship Code	1	Alpha	480	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown  Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Employer's Name	32	Text	481-512	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.
Employer EIN	18	Text	513-530	Employer's Identification Number Not required. Populate with spaces if not available.
Employer's Address 1	32	Text	531-562	Employer's Street Address 1 Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	563-594	Employer's Street Address 2 Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	595-604	Employer's Telephone Number Not required. Populate with spaces if not available.
Employer's City	15	Text	605-619	Employer's City Not required. Populate with spaces if not available.
Employer's State	2	Alpha	620-621	Employer's State Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	622-630	Employer's Zip Code Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Employee No	12	Text	631-642	Employee Number of Policy Holder Not required. Populate with spaces if not available.
Insurer's name	32	Text	643-674	Name of insurance carrier for MSP coverage Required for II ACTION. Populate with spaces if ACTION not equal to II.
Insurer Type	1	Alpha	675	Type of Insurance A = Insurance or Indemnity (Other Types) B = Group Health Organization (GHO) C = Preferred Provider Organization D = TPA/ASO E = Stop Loss TPA F = Self-insured/Self-Administered (Self-Insured) G = Collectively-bargained Health and Welfare Fund H = Multiple Employer Health Plan with 100 or more employees. I = Multiple Employer Health Plan with 20 or more employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan U = Unknown Not required. Populate with A if not available.
Insurer's Address 1	32	Text	676-707	Insurer's street address 1 Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	708-739	Insurer's street address 2 Not required. Populate with spaces if not available.
Insurer's City	15	Text	740-754	Insurer's city Not required. Populate with spaces if not available.
Insurer's State	2	Alpha	755-756	Insurer's state Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	757-765	Insurer's zip code Not required. Populate with spaces if not available.
Insurer's Phone	10	Numeric	766-775	Insurer's telephone number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	776-795	Group number of insurance coverage. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Insurer Policy Number	17	Text	796-812	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	813-827	First name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	828	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Last Name	24	Text	829-852	Last name of individual covered by this insurance. Not required. Populate with spaces if not available.
PHP Date	8	Date	853-860	Pre-paid Health Plan date in CCYYMMDD format. Not required. Populate with zeros if not available.
Remarks Code 1	2	Alpha-Numeric	861-862	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Remarks Code 2	2	Alpha-Numeric	863-864	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Remarks Code 3	2	Alpha-Numeric	865-866	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Filler	25	Filler	867-891	Filler
Submitter Type	1	Alpha	892	Part C/D Submitter Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code HE06.
Filler	7	Filler	893-899	Filler
Trans Comment	180	Text	900-1079	Comments—Used by Submitter
Filler	8	Filler	1080-1087	Filler

Data Field	Length	Type	Displacement	Description										
New Patient Relationship	2	Numeric	1088-1089	<p>Patient relationship between policyholder and beneficiary</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Domestic partner (Effective April, 2004.)</li> </ul> <p><b>Required</b> when Action is PR.</p> <p><b>Note:</b> For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <table border="0"> <thead> <tr> <th>MSP TYPE</th> <th>PATIENT RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td colspan="2">-----</td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP TYPE	PATIENT RELATIONSHIP	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
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A	01, 02													
B	01, 02, 03, 04, 05, 18, 20													
G	01, 02, 03, 04, 05, 18, 20													

Data Field	Length	Type	Displacement	Description
New MSP Type	1	Alpha	1090	<p>One-character code identifying type of MSP coverage</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>A = Working Aged</li> <li>B = ESRD</li> <li>C = Conditional Payment</li> <li>D = Automobile Insurance</li> <li>E = Workers' Compensation</li> <li>F = Federal (Public)</li> <li>G = Disabled</li> <li>H = Black Lung</li> <li>L = Liability</li> </ul> <p><b>Required</b> when Action is MT.</p>
New MSP Effective Date	8	Date	1091-1098	<p>Effective date of MSP coverage in CCYYMMDD format.</p> <p><b>Required</b> when Action is ED.</p>
New Insurer Type	1	Alpha	1099	<p>Type of Insurance</p> <ul style="list-style-type: none"> <li>A = Insurance or Indemnity (Other Types)</li> <li>B = Group Health Organization (GHO)</li> <li>C = Preferred Provider Organization</li> <li>D = TPA/ASO</li> <li>E = Stop Loss TPA</li> <li>F = Self-insured/Self-Administered (Self-Insured)</li> <li>G = Collectively-bargained Health and Welfare Fund</li> <li>H = Multiple Employer Health Plan with 100 or more employees.</li> <li>I = Multiple Employer Health Plan with 20 or more employees.</li> <li>J = Hospitalization only plan covering inpatient hospital</li> <li>K = Medical Service only plan covering non-inpatient medical</li> <li>M = Medicare Supplement Plan</li> <li>U = Unknown</li> </ul> <p><b>Required</b> when Action is IT</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 1 ICD Indicator	1	Numeric	1100	<p>One-digit diagnosis code indicator to identify whether the submitted Diagnosis Code 1 is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1A and the record will be dropped.</p> <p><b>Required if Diagnosis Code 1 is submitted.</b></p>
Diagnosis Code 1	7	Text	1101 – 1107	<p>ICD-9-CM Diagnosis Code or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p>Required if Action code is CA or CL.</p> <p><b>Required if Diagnosis Code 1 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 1 ICD Indicator = 0, Diagnosis Code 1 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 1 ICD Indicator = 9, Diagnosis Code 1 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>* Refer to Appendix B for complete set of <i>required fields</i> for various source codes.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE69 and the record will be dropped.</p>
Diagnosis Code 2 ICD Indicator	1	Numeric	1108	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1B and the record will be dropped.</p> <p><b>Required if Diagnosis Code 2 is submitted.</b></p>
Diagnosis Code 2	7	Text	1109 -1115	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 2 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 2 ICD Indicator = 0, Diagnosis Code 2 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 2 ICD Indicator = 9, Diagnosis Code 2 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 3 ICD Indicator	1	Numeric	1116	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1C and the record will be dropped.</p> <p><b>Required if Diagnosis Code 3 is submitted.</b></p>
Diagnosis Code 3	7	Text	1117 – 1123	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 3 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 3 ICD Indicator = 0, Diagnosis Code 3 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 3 ICD Indicator = 9, Diagnosis Code 3 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE71 and the record will be dropped.</p> <p>Not required.</p>
Diagnosis Code 4 ICD Indicator	1	Numeric	1124	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1D and the record will be dropped.</p> <p><b>Required if Diagnosis Code 4 is submitted.</b></p>
Diagnosis Code 4	7	Text	1125 - 1131	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 4 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 4 ICD Indicator = 0, Diagnosis Code 4 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 4 ICD Indicator = 9, Diagnosis Code 4 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE72 and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 5 ICD Indicator	1	Numeric	1132	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1E and the record will be dropped.</p> <p><b>Required if Diagnosis Code 5 is submitted.</b></p>
Diagnosis Code 5	7	Text	1133 - 1139	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 5 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 5 ICD Indicator = 0, Diagnosis Code 5 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 5 ICD Indicator = 9, Diagnosis Code 5 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE73 and the record will be dropped.</p>
Diagnosis Code 6 ICD Indicator	1	Numeric	1140	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1F and the record will be dropped.</p> <p><b>Required if Diagnosis Code 6 is submitted.</b></p>
Diagnosis Code 6	7	Text	1141 – 1147	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 6 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 6 ICD Indicator = 0, Diagnosis Code 6 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 6 ICD Indicator = 9, Diagnosis Code 6 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1G and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 7 ICD Indicator	1	Numeric	1148	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1H and the record will be dropped.</p> <p><b>Required if Diagnosis Code 7 is submitted.</b></p>
Diagnosis Code 7	7	Text	1149 – 1155	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 7 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 7 ICD Indicator = 0, Diagnosis Code 7 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 7 ICD Indicator = 9, Diagnosis Code 7 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1I and the record will be dropped.</p>
Diagnosis Code 8 ICD Indicator	1	Numeric	1156	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM</p> <p>If an invalid code is entered, the user will see error code PE1J and the record will be dropped.</p> <p><b>Required if Diagnosis Code 8 is submitted.</b></p>
Diagnosis Code 8	7	Text	1157 – 1163	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 8 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 8 ICD Indicator = 0, Diagnosis Code 8 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 8 ICD Indicator = 9, Diagnosis Code 8 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1K and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 9 ICD Indicator	1	Numeric	1164	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1L and the record will be dropped.</p> <p><b>Required if Diagnosis Code 9 is submitted.</b></p>
Diagnosis Code 9	7	Text	1165 – 1171	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 9 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 9 ICD Indicator = 0, Diagnosis Code 9 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 9 ICD Indicator = 9, Diagnosis Code 9 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1M and the record will be dropped.</p>
Diagnosis Code 10 ICD Indicator	1	Numeric	1172	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1N and the record will be dropped.</p> <p><b>Required if Diagnosis Code 10 is submitted.</b></p>
Diagnosis Code 10	7	Text	1173 – 1179	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 10 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 10 ICD Indicator = 0, Diagnosis Code 10 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 10 ICD Indicator = 9, Diagnosis Code 10 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1O and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 11 ICD Indicator	1	Numeric	1180	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1P and the record will be dropped.</p> <p><b>Required if Diagnosis Code 11 is submitted.</b></p>
Diagnosis Code 11	7	Text	1181 – 1187	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 11 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 11 ICD Indicator = 0, Diagnosis Code 11 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 11 ICD Indicator = 9, Diagnosis Code 11 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Q and the record will be dropped.</p>
Diagnosis Code 12 ICD Indicator	1	Numeric	1188	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1R and the record will be dropped.</p> <p><b>Required if Diagnosis Code 12 is submitted.</b></p>
Diagnosis Code 12	7	Text	1189 – 1195	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 12 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 12 ICD Indicator = 0, Diagnosis Code 12 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 12 ICD Indicator = 9, Diagnosis Code 12 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1S and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 13 ICD Indicator	1	Numeric	1196	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1T and the record will be dropped.</p> <p><b>Required if Diagnosis Code 13 is submitted.</b></p>
Diagnosis Code 13	7	Text	1197 – 1203	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 13 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 13 ICD Indicator = 0, Diagnosis Code 13 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 13 ICD Indicator = 9, Diagnosis Code 13 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1U and the record will be dropped.</p>
Diagnosis Code 14 ICD Indicator	1	Numeric	1204	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1V and the record will be dropped.</p> <p><b>Required if Diagnosis Code 14 is submitted.</b></p>
Diagnosis Code 14	7	Text	1205 – 1211	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 14 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 14 ICD Indicator = 0, Diagnosis Code 14 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 14 ICD Indicator = 9, Diagnosis Code 14 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1W and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 15 ICD Indicator	1	Numeric	1212	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1X and the record will be dropped.</p> <p><b>Required if Diagnosis Code 15 is submitted.</b></p>
Diagnosis Code 15	7	Text	1213 – 1219	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 15 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 15 ICD Indicator = 0, Diagnosis Code 15 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 15 ICD Indicator = 9, Diagnosis Code 15 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Y and the record will be dropped.</p>
Diagnosis Code 16 ICD Indicator	1	Numeric	1220	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1Z and the record will be dropped.</p> <p><b>Required if Diagnosis Code 16 is submitted.</b></p>
Diagnosis Code 16	7	Text	1221 – 1227	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 16 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 16 ICD Indicator = 0, Diagnosis Code 16 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 16 ICD Indicator = 9, Diagnosis Code 16 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2A and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 17 ICD Indicator	1	Numeric	1228	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2B and the record will be dropped.</p> <p><b>Required if Diagnosis Code 17 is submitted.</b></p>
Diagnosis Code 17	7	Text	1229 – 1235	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 17 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 17 ICD Indicator = 0, Diagnosis Code 17 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 17 ICD Indicator = 9, Diagnosis Code 17 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2C and the record will be dropped.</p>
Diagnosis Code 18 ICD Indicator	1	Numeric	1236	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2D and the record will be dropped.</p> <p><b>Required if Diagnosis Code 18 is submitted.</b></p>
Diagnosis Code 18	7	Text	1237 – 1243	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 18 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 18 ICD Indicator = 0, Diagnosis Code 18 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 18 ICD Indicator = 9, Diagnosis Code 18 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2E and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 19 ICD Indicator	1	Numeric	1244	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2F and the record will be dropped.</p> <p><b>Required if Diagnosis Code 19 is submitted.</b></p>
Diagnosis Code 19	7	Text	1245 – 1251	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 19 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 19 ICD Indicator = 0, Diagnosis Code 19 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 19 ICD Indicator = 9, Diagnosis Code 19 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2G and the record will be dropped.</p>
Diagnosis Code 20 ICD Indicator	1	Numeric	1252	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2H and the record will be dropped.</p> <p><b>Required if Diagnosis Code 20 is submitted.</b></p>
Diagnosis Code 20	7	Text	1253 – 1259	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 20 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 20 ICD Indicator = 0, Diagnosis Code 20 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 20 ICD Indicator = 9, Diagnosis Code 20 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2I and the record will be dropped.</p>
Filler	8	Filler	1260 – 1267	Filler

### G.4 CWF Assistance Request Response Header Record

**Table G-4: CWF Assistance Request Response Header Record Layout**

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Error Code if Invalid Data</b>
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04
File Date	8	Date	15-22	HE05
Filler	1245	Filler	23-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

### G.5 CWF Assistance Request Response Detail Record

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

**Table G-5: CWF Assistance Request Response Detail Record Layout**

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Tran Stat Cd	2	Alpha	72-73	Status code returned from ECRS
Tran Reason Cd	2	Numeric	74-75	Reason code returned from ECRS
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
Develop to	1	Alpha	85	PE0C
RSP	1	Alpha	86	PE66
Trans Source Cd	4	Alpha	87-90	PE05
HIC Number	12	Alpha-Numeric	91-102	PE09
Beneficiary's Social Security Number	9	Numeric	103-111	PE10
Beneficiary's Date of Birth	8	Date	112-119	PE11
Beneficiary's Sex Code	1	Numeric	120	None

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Error Code if Invalid Data</b>
Beneficiary's First Name	15	Text	121-135	PE12
Beneficiary's Initial	1	Alpha	136	PE13
Beneficiary's Last Name	24	Text	137-160	PE14
Patient Relationship	2	Numeric	161-162	PE0J
MSP Type	1	Alpha	163	PE39
MSP Effective Date	8	Date	164-171	PE67
MSP Term Date	8	Date	172-179	PE68
MSP Aux Number	3	Numeric	180-182	PE87
MSP Accretion Date	8	Date	183-190	PE88
Originating Contractor	5	Alpha-Numeric	191-195	PE96
Change Lead To	5	Alpha-Numeric	196-200	PE0D
Send Venue Letter	1	Alpha	201	None
Beneficiary's Address 1	32	Text	202-233	PE15
Beneficiary's Address 2	32	Text	234-265	PE16
Beneficiary's City	15	Text	266-280	PE17
Beneficiary's State	2	Alpha	281-282	PE18
Beneficiary's Zip Code	9	Numeric	283-291	PE19
Beneficiary's Phone	10	Numeric	292-301	PE20
Check Date	8	Numeric	302-309	PE98
Check Amount	15	Alpha	310-324	PE99
Check Number	15	Alpha	325-339	PE0A
Informant's First Name	15	Text	340-354	PE21

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Informant's Middle Initial	1	Alpha	355	PE22
Informant's Last Name	24	Text	356-379	PE23
Informant's Phone	10	Numeric	380-389	PE29
Informant's Address 1	32	Text	390-421	PE24
Informant's Address 2	32	Text	422-453	PE25
Informant's City	15	Text	454-468	PE26
Informant's State	2	Alpha	469-470	PE27
Informant's Zip Code	9	Numeric	471-479	PE28
Informant's Relationship Code	1	Alpha	480	None
Employer's Name	32	Text	481-512	PE30
Employer EIN	18	Text	513-530	PE37
Employer's Address 1	32	Text	531-562	PE31
Employer's Address 2	32	Text	563-594	PE32
Employer's Phone	10	Numeric	595-604	PE36
Employer's City	15	Text	605-619	PE33
Employer's State	2	Alpha	620-621	PE34
Employer's ZIP Code	9	Numeric	622-630	PE35
Employee No	12	Text	631-642	PE38
Insurer's name	32	Text	643-674	PE42
Insurer Type	1	Alpha	675	None
Insurer's Address 1	32	Text	676-707	PE43
Insurer's Address 2	32	Text	708-739	PE44
Insurer's City	15	Text	740-754	PE45
Insurer's State	2	Alpha	755-756	PE46

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Insurer's ZIP Code	9	Numeric	757-765	PE47
Insurer's Phone	10	Numeric	766-775	PE0B
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy Number	17	Text	796-812	PE63
Subscriber First Name	15	Text	813-827	PE58
Subscriber Initial	1	Alpha	828	PE59
Subscriber Last Name	24	Text	829-852	PE60
PHP Date	8	Date	853-860	PE97
Remarks Code 1	2	Alpha-Numeric	861-862	PE89
Remarks Code 2	2	Alpha-Numeric	863-864	PE90
Remarks Code 3	2	Alpha-Numeric	865-866	PE91
Filler	25	Filler	867-891	None
Submitter Type	1	Alpha	892	Severe Error will be created and entire file will be dropped. HE06 error will be returned on Header record of response file.
Filler	7	Filler	893-899	Filler
New Patient Relationship	2	Numeric	900-901	PE00
New MSP Type	1	Alpha	902	PE0N
New MSP Effective Date	8	Date	903-910	PE0L
New Insurer Type	1	Alpha	911	PE0M
Diagnosis Code 1 ICD Indicator	1	Text	912	PE1A
Diagnosis Code 1	7	Text	913 – 919	PE69
Diagnosis Code 2 ICD Indicator	1	Text	920	PE1B
Diagnosis Code 2	7	Text	921 – 927	PE70
Diagnosis Code 3 ICD Indicator	1	Text	928	PE1C

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Diagnosis Code 3	7	Text	929 – 935	PE7I
Diagnosis Code 4 ICD Indicator	1	Text	936	PE1D
Diagnosis Code 4	7	Text	937 - 943	PE72
Diagnosis Code 5 ICD Indicator	1	Text	944	PE1E
Diagnosis Code 5	7	Text	945 - 951	PE73
Diagnosis Code 6 ICD Indicator	1	Text	952	PE1F
Diagnosis Code 6	7	Text	953 – 959	PE1G
Diagnosis Code 7 ICD Indicator	1	Text	960	PE1H
Diagnosis Code 7	7	Text	961 – 967	PE1I
Diagnosis Code 8 ICD Indicator	1	Text	968	PE1J
Diagnosis Code 8	7	Text	969 – 975	PE1K
Diagnosis Code 9 ICD Indicator	1	Text	976	PE1L
Diagnosis Code 9	7	Text	977 – 983	PE1M
Diagnosis Code 10 ICD Indicator	1	Text	984	PE1N
Diagnosis Code 10	7	Text	985 – 991	PE1O
Diagnosis Code 11 ICD Indicator	1	Text	992	PE1P
Diagnosis Code 11	7	Text	993 – 999	PE1Q
Diagnosis Code 12 ICD Indicator	1	Text	1000	PE1R
Diagnosis Code 12	7	Text	1001 – 1007	PE1S
Diagnosis Code 13 ICD Indicator	1	Text	1008	PE1T
Diagnosis Code 13	7	Text	1009 – 1015	PE1U
Diagnosis Code 14 ICD Indicator	1	Text	1016	PE1V
Diagnosis Code 14	7	Text	1017 – 1023	PE1W

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Diagnosis Code 15 ICD Indicator	1	Text	1024	PE1X
Diagnosis Code 15	7	Text	1025 – 1031	PE1Y
Diagnosis Code 16 ICD Indicator	1	Text	1032	PE1Z
Diagnosis Code 16	7	Text	1033 – 1039	PE2A
Diagnosis Code 17 ICD Indicator	1	Text	1040	PE2B
Diagnosis Code 17	7	Text	1041 – 1047	PE2C
Diagnosis Code 18 ICD Indicator	1	Text	1048	PE2D
Diagnosis Code 18	7	Text	1049 – 1055	PE2E
Diagnosis Code 19 ICD Indicator	1	Text	1056	PE2F
Diagnosis Code 19	7	Text	1057 – 1063	PE2G
Diagnosis Code 20 ICD Indicator	1	Text	1064	PE2H
Diagnosis Code 20	7	Text	1065 – 1071	PE2I
Filler	8	Filler	1072 – 1079	None
COB Comment ID	8	Alpha-Numeric	1080-1087	PE57
COB Comment	180	Text	1088-1267	PE56
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

## G.6 Prescription Drug Assistance Request File Layouts

### Prescription Drug Assistance Request Header Record

**Table G-6: Prescription Drug Assistance Request Header Record Layout**

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code HE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by the BCRC. If not valid plan, drop file with error code HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	Valid values: 'PDR' – RX Drug Assistance Request file If not, drop file with error code HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code HE05.
Submitter Type	1	Alpha-Numeric	23	Part C/D Submitter Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code HE06.
Filler	1244	Filler	24-1267	Unused Field – fill with spaces

### Prescription Drug Assistance Request Trailer Record

**Table G-7: Prescription Drug Assistance Request Trailer Record Layout**

Data Field	Length	Type	Displacement	Edits
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code TE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by the BCRC. If not valid plan, drop file with error code TE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code TE03.
File Type	3	Alpha-Numeric	12-14	Valid value: PDR' – RX Drug Assistance Request File If not valid value, drop file with error code TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code TE05.
Record Count	9	Numeric	23-31	Number of records on file. If invalid number or number does not match number of records in file, drop file with error code TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces

### Prescription Drug Assistance Request Detail Record

**Table G-8: Prescription Drug Assistance Request Detail Record Layout**

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1-4	Set to 'ECRS'
Contractor Number	5	Alpha-Numeric	5-9	Part C/D Plan Contractor Number <b>Required</b>
DCN	15	Alpha-Numeric	10-24	Document Control Number: assigned by the Part C/D plan. <b>Required.</b> Each record shall have a unique DCN.
Trans Type Code	1	Alpha	25	Transaction Type Indicator Set to 'D' for Prescription Drug Assistance Requests <b>Required</b>
Trans Seq. No	3	Numeric	26-28	Sequence Number assigned by the COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Alpha-Numeric	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor phone number Not required
Trans Status Code	2	Alpha	72-73	Transaction Status Code: Set to 'NW' for New
Trans Reason Code	2	Numeric	74-75	Transaction Reason Code: Set to '01' for New

Data Field	Length	Type	Displacement	Description
Action Code 1	2	Alpha	76-77	<p>Two-character code defining action to take on Prescription Drug record (<i>required field</i>).</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>AP = Add Policy and/or Group Number</li> <li>BN = Develop for RX BIN</li> <li>CT = Change termination date</li> <li>CX = Change RX Values (BIN, Group, PCN)</li> <li>DO = Mark occurrence for deletion</li> <li>EA = Change employer address</li> <li>ED = Change effective date</li> <li>EI = Change employer information</li> <li>GR = Develop for Group Number</li> <li>IT = Change insurer type</li> <li>MT = Change MSP type</li> <li>PC = Update RX Person Code</li> <li>PN = Develop for/add PCN</li> <li>PR = Change patient relationship</li> <li>TD = Add Termination Date</li> </ul> <p><b>Notes:</b></p> <p><i>The following action codes can be combined together, but not with any other action codes:</i></p> <ul style="list-style-type: none"> <li>BN = Develop for RX BIN</li> <li>GR = Develop for Group Number</li> <li>PN = Develop for/add PCN</li> </ul> <p><i>Prescription Drug Assistance Request with the following action codes will be automatically processed, given they have no reject errors:</i></p> <ul style="list-style-type: none"> <li>AP Add Policy Number/Group Number</li> <li>CX Change RX Values (BIN, Group, PCN)</li> <li>DO Delete Occurrence</li> <li>TD Add Termination Date</li> </ul>
Action Code 2	2	Alpha	78-79	<p>Transaction Action Code 2:</p> <p>Valid values same as Trans Action Code 1.</p> <p>Not required. Populate with spaces if not available.</p>
Action Code 3	2	Alpha	80-81	<p>Transaction Action Code 3:</p> <p>Valid values same as Trans Action Code 1.</p> <p>Not required. Populate with spaces if not available.</p>
Action Code 4	2	Alpha	82-83	<p>Transaction Action Code 4:</p> <p>Valid values same as Trans Action Code 1.</p> <p>Not required. Populate with spaces if not available.</p>

Data Field	Length	Type	Displacement	Description
Activity Code	1	Alpha	84	Activity of Contractor: Valid values are: C = Claims (Prepayment) – 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan – 42003 I = General Inquiry – 42004 D = Debt Collection – 42021 <b>Required</b>
Trans Source Code	4	Alpha	85-88	Four-character code identifying source of RX DRUG assistance request information Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM =Claim <b>Required</b>
HICN	12	Alpha-Numeric	89-100	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.
Beneficiary Date of Birth	8	Date	101-108	Beneficiary’s Date of Birth in CCYYMMDD format Not Required. Populate with zeros if not available.
Beneficiary Sex Code	1	Alpha	109	Sex of Beneficiary: Valid values are: U = Unknown M = Male F = Female Not required. Populate with spaces if not available.
Beneficiary First Name	15	Text	110-124	First Name of beneficiary <b>Required</b>
Beneficiary Middle Initial	1	Text	125	Middle Initial of beneficiary
Beneficiary Last Name	24	Text	126-149	Last Name of beneficiary <b>Required</b>
Beneficiary Address Line 1	32	Text	150-181	First line of beneficiary’s street address.
Beneficiary Address Line 2	32	Text	182-213	Second line of beneficiary’s street address

Data Field	Length	Type	Displacement	Description										
Beneficiary City	15	Text	214-228	Beneficiary's city										
Beneficiary State	2	Alpha	229-230	Beneficiary's state										
Beneficiary Zip code	9	Numeric	231-239	Beneficiary's zip code										
Beneficiary Phone	10	Numeric	240-249	Beneficiary's telephone number										
Patient Relationship	2	Numeric	250-251	<p>Patient relationship between policyholder and beneficiary</p> <p>Required when Record Type is Primary</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>01 Patient is policy holder</li> <li>02 Spouse</li> <li>03 Natural child, insured has financial responsibility</li> <li>04 Natural child, insured does not have financial responsibility</li> <li>05 Stepchild</li> <li>06 Foster child</li> <li>07 Ward of the Court</li> <li>08 Employee</li> <li>09 Unknown</li> <li>10 Handicapped dependent</li> <li>11 Organ donor</li> <li>12 Cadaver donor</li> <li>13 Grandchild</li> <li>14 Niece/nephew</li> <li>15 Injured plaintiff</li> <li>16 Sponsored dependent</li> <li>17 Minor dependent of a minor dependent</li> <li>18 Parent</li> <li>19 Grandparent dependent</li> <li>20 Domestic partner (Effective April, 2004.)</li> </ul> <p>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</p> <table border="0"> <thead> <tr> <th>MSP TYPE</th> <th>PATIENT RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td colspan="2">-----</td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP TYPE	PATIENT RELATIONSHIP	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP TYPE	PATIENT RELATIONSHIP													
-----														
A	01, 02													
B	01, 02, 03, 04, 05, 18, 20													
G	01, 02, 03, 04, 05, 18, 20													

Data Field	Length	Type	Displacement	Description
New Patient Relationship	2	Numeric	252-253	New patient relationship between policyholder and beneficiary. Description of code displays next to value <b>Required</b> when ACTION is PR
Person Code	3	Numeric	254-256	Plan-specific Person Code. Values are: 001 Self 002 Spouse 003 Other <b>Required</b> when: RECORD TYPE is Supplemental ACTION is PC
MSP Type	1	Alpha	257	One-character code identifying type of MSP coverage. Valid values are: A = Working Aged B = ESRD C = Conditional Payment D = Automobile Insurance E = Workers' Compensation F = Federal (Public) G = Disabled H = Black Lung L = Liability W =Workers' Compensation Set-Aside <b>Required</b> when Action is MT.
New MSP Type	1	Alpha	258	One-character code identifying new type of MSP coverage. <b>Required</b> when Action is MT.
Record Type	3	Alpha-Numeric	259-261	Drug Record Type PRI Primary SUP Supplemental <b>Required</b>
Drug Coverage Effective Date	8	Date	262-269	Effective date of Drug coverage in CCYYMMDD format.
New Drug Coverage Effective Date	8	Date	270-277	New Effective date of Drug coverage in CCYYMMDD format
Term Date	8	Date	278-285	Termination date of Drug coverage in CCYYMMDD format.
Originating Contractor	5	Alpha-Numeric	286-290	Contractor number of contractor that created original Drug occurrence

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

Data Field	Length	Type	Displacement	Description
Informant's Relationship Code	1	Alpha	399	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U =Unknown <b>Required</b> when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Employers Name	32	Text	400-431	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.
Employers Address 1	32	Text	432-463	Employer's Street Address 1 Not required. Populate with spaces if not available.
Employers Address 2	32	Text	464-495	Employer's Street Address 2 Not required. Populate with spaces if not available.
Employers City	15	Text	496-510	Employer's City Not required. Populate with spaces if not available.
Employers State	2	Alpha	511-512	Employer's State Not required. Populate with spaces if not available.
Employers Zip code	9	Numeric	513-521	Employer's Zip code Not required. Populate with spaces if not available.
Employers Phone	10	Numeric	522-531	Employer's Phone Number Not required. Populate with spaces if not available.
Employers EIN	18	Text	532-549	Employer's Identification Number Not required. Populate with spaces if not available.
Employee Number	12	Text	550-561	Employee Number of Policy Holder Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Supplemental Type	1	Alpha-Numeric	562	Prescription Drug policy type. Valid values are: L Supplemental M Medigap N Non-qualified State Program O Other P PAP R Charity T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical
RX Drug Coverage Type	1	Alpha-Numeric	563	Prescription Drug Coverage Type Prescription Drug Coverage Type of Insurance. Valid Values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)  <b>Required</b>
Insurance Company Name	32	Text	564-595	Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered
Insurance Company Address 1	32	Text	596-627	Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurance Company Address 2	32	Text	628-659	Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurance Company City	15	Text	660-674	City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurance Company State	2	Alpha	675-676	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurance Company Zip code	9	Numeric	677-685	Zip code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.

Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	686	Type of Insurance A Insurance or Indemnity (Other Types) B Group Health Organization (GHO) C Preferred Provider Organization D TPA/ASO E Stop Loss TPA F Self-insured/Self-Administered (Self-Insured) G Collectively-bargained Health and Welfare Fund H Multiple Employer Health Plan with 100 or more employees. I Multiple Employer Health Plan with 20 or more employees. J Hospitalization only plan covering inpatient hospital K Medical Service only plan covering non-inpatient medical M Medicare Supplement Plan U Unknown <b>Required</b> when ACTION is IT
New Insurer Type	1	Alpha	687	New Type of Insurance <b>Required</b> when ACTION is IT
Policy Number	17	Text	688-704	Prescription Drug Policy Number
RX BIN	6	Text	705-710	Prescription Drug BIN Number
RX PCN	10	Text	711-720	Prescription Drug PCN Number
RX Group	15	Text	721-735	Prescription Drug Group Number
RX ID	20	Text	736-755	Prescription Drug ID Number
RX Phone	10	Numeric	756-765	Prescription Drug Phone Number
Check Amount	15	Alpha-Numeric	766-780	Amount of check received in \$999,999,999.99 format. <b>Required</b> if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Check Date	8	Date	781-788	Date of check received in CCYYMMDD format <b>Required</b> if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.

Data Field	Length	Type	Displacement	Description
Check Number	15	Alpha-Numeric	789-803	Number of check received. <b>Required</b> if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Remark Code 1	2	Alpha-Numeric	804-805	Two-character PDR remark code explaining reason for transaction. Not Required
Remark Code 2	2	Alpha-Numeric	806-807	Two-character PDR remark code explaining reason for transaction. Not Required
Remark Code 3	2	Alpha-Numeric	808-809	Two-character PDR remark code explaining reason for transaction. Not Required
Comment ID	8	Alpha-Numeric	810-817	ID of operator entering trans comments—Used by Submitter
Trans Comment	180	Text	818-997	Comments—Used by Submitter
Filler	270	Filler	998 -1267	Unused Field – fill with spaces

**Prescription Drug Assistance Request Response Header Record**

**Table G-9: Prescription Drug Assistance Request Response Header Record Layout**

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Error Code if Invalid Data</b>
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04.
File Date	8	Date	15-22	HE05.
Submitter Type	1	Alpha-Numeric	23	HE06
Filler	1244	Filler	24-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected.

### Prescription Drug Assistance Request Response Detail Record

**Table G-10: Prescription Drug Assistance Request Response Detail Record Layout**

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1-4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Alpha-Numeric	10-24	PE02
Trans Type Code	1	Alpha	25	PE03
Trans Seq. No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Alpha-Numeric	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Trans Status Code	2	Alpha	72-73	Status code returned from ECRS
Trans Reason Code	2	Numeric	74-75	Reason code returned from ECRS
Action Code 1	2	Alpha	76-77	PE92
Action Code 2	2	Alpha	78-79	PE93
Action Code 3	2	Alpha	80-81	PE94
Action Code 4	2	Alpha	82-83	PE95
Activity Code	1	Alpha	84	PE61
Trans Source Code	4	Alpha	85-88	PE05
HICN	12	Alpha-Numeric	89-100	PE09
Beneficiary Date of Birth	8	Date	101-108	PE11
Beneficiary Sex CD	1	Alpha	109	None
Beneficiary First Name	15	Text	110-124	PE12

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary Middle Initial	1	Text	125	PE13
Beneficiary Last Name	24	Text	126-149	PE14
Beneficiary Address Line 1	32	Text	150-181	PE15
Beneficiary Address Line 2	32	Text	182-213	PE16
Beneficiary City	15	Text	214-228	PE17
Beneficiary State	2	Alpha	229-230	PE18
Beneficiary Zip code	9	Numeric	231-239	PE19
Beneficiary Phone	10	Numeric	240-249	PE20
Patient Relationship	2	Numeric	250-251	PE0J
New Patient Relationship	2	Numeric	252-253	PE0O
Person Code	3	Numeric	254-256	PE0K
MSP Type	1	Alpha	257	PE39
New MSP Type	1	Alpha	258	PE0N
Record Type	3	Alpha-Numeric	259-261	PE41
Effective Date	8	Date	262-269	PE48
New Effective Date	8	Date	270-277	PE0L
Term Date	8	Date	278-285	PE0G
Originating Contractor	5	Alpha-Numeric	286-290	NONE
Informant First Name	15	Text	291-305	PE21
Informant Middle Initial	1	Text	306	PE22
Informant Last Name	24	Text	307-330	PE23

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Informant Address	32	Text	331-362	PE24
Informant City	15	Text	363-377	PE25
Informant State	2	Text	378-379	PE26
Informant Zip code	9	Numeric	380-388	PE27
Informant Phone	10	Numeric	389-398	PE28
Informant's Relationship Code	1	Alpha	399	None
Employers Name	32	Text	400-431	PE30
Employers Address 1	32	Text	432-463	PE31
Employers Address 2	32	Text	464-495	PE32
Employers City	15	Text	496-510	PE33
Employers State	2	Alpha	511-512	PE34
Employers Zip code	9	Numeric	513-521	PE35
Employers Phone	10	Numeric	522-531	PE36
Employers EIN	18	Text	532-549	PE37
Employee Number	12	Text	550-561	PE38
Supplemental Type	1	Alpha-Numeric	562	None
RX Drug Coverage Type	1	Alpha-Numeric	563	None
Insurance Company Name	32	Text	564-595	PE42
Insurance Company Address 1	32	Text	596-627	PE43

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Insurance Company Address 2	32	Text	628-659	PE44
Insurance Company City	15	Text	660-674	PE45
Insurance Company State	2	Alpha	675-676	PE46
Insurance Company Zip code	9	Numeric	677-685	PE47
Insurer Type	1	Alpha	686	None
New Insurer Type	1	Alpha	687	PE0M
Policy Number	17	Text	688-704	PE49
RX BIN	6	Text	705-710	PE50
RX PCN	10	Text	711-720	PE51
RX Group	15	Text	721-735	PE52
RX ID	20	Text	736-755	PE53
RX Phone	10	Numeric	756-765	PE54
Check Amount	15	Alpha-Numeric	766-780	PE99
Check Date	8	Date	781-788	PE98
Check Number	15	Alpha-Numeric	789-803	PE0A
Remark Code 1	2	Alpha-Numeric	804-805	PE89
Remark Code 2	2	Alpha-Numeric	806-807	PE90
Remark Code 3	2	Alpha-Numeric	808-809	PE91
Comment ID	8	Alpha-Numeric	810-817	None
Trans Comment	180	Text	818-997	None
COB Comment ID	8	Alpha-Numeric	998-1005	PE57
COB Comment	180	Text	1006-1185	PE56
Filler	270	Filler	1186-1267	Filler

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Error Code if Invalid Data</b>
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected.

## G.7 MSP Inquiry File Layouts

### MSP Inquiry Header Record

**Table G-11: MSP Inquiry Header Record Layout**

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Header Record Type Indicator (Indicates a Header record) Set to 'H0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number Required
File Type	3	Alpha	12-14	Type of File Set to 'MSP' – MSP Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Submitter Type	1	Alpha-Numeric	23	Part C/D Contractor Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code HE06.
Filler	1244	Filler	24-1267	Unused Field – Populate with spaces

### MSP Inquiry Trailer Record

**Table G-12: MSP Inquiry Trailer Record Layout**

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Edits</b>
Trailer Indicator	2	Alpha-Numeric	1-2	Trailer Record Type Indicator Set to 'T0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number Required
File Type	3	Alpha-Numeric	12-14	Type of File Set to 'MSP' – MSP Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Record Count	9	Numeric	23-31	Number of Prescription Drug Inquiry Records in file Required
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

### MSP Inquiry Detail Record

This record layout **must be used** for all MSP Inquiry file submissions as of 1/1/2014.

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

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Type of Record Set to 'ECRS' <b>Required</b>
Contractor Number	5	Alpha-Numeric	5-9	Medicare Contractor (MACs, MA/PD Plans) Number. <b>Required</b>
DCN	15	Text	10-24	Document Control Number; assigned by the Medicare Contractor. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'I' for MSP Inquiry <b>Required</b>
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by the COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Text	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor Phone Number Not required
Tran Stat Cd	2	Alpha	72-73	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	74-75	Reason Set to '01' for New
Trans Action Code 1	2	Alpha	76-77	Action Code 1 Valid values are: CA CMS Grouping Code CL Closed or Settled Case DE Develop to employer or for employer info DI Develop to insurer or for insurer info  Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Trans Action Code 2	2	Alpha-Numeric	78-79	Action Code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action Code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Activity Code	1	Alpha	84	Activity of Contractor. Valid values are: <ul style="list-style-type: none"> <li>C = Claims (Prepayment) – 22001</li> <li>N = Liability, No-Fault, WC, and FTCA - 42002</li> <li>G = Group Health Plan – 42003</li> <li>I = General Inquiry – 42004</li> <li>D = Debt Collection – 42021</li> </ul> <b>Required</b>
First Development	1	Alpha	85	Development source code indicating where initial development letter was sent. Valid values are: <ul style="list-style-type: none"> <li>A = Attorney</li> <li>B = Beneficiary</li> <li>E = Employer</li> <li>I = Insurer</li> <li>P = Provider</li> <li>R = Beneficiary Representative (other than attorney)</li> </ul> Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Second Development	1	Alpha	86	Development source code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney) Not required. Populate with spaces if not available.
RSP	1	Alpha	87	Development response indicator. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	88-91	Four-character code identifying source of MSP inquiry information. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim <b>Required</b>
HIC Number	12	Alpha-Numeric	92-103	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. <b>Required</b> if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	104-112	Beneficiary's Social Security Number <b>Required</b> if HIC Number not entered.

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

Data Field	Length	Type	Displacement	Description										
Patient Relationship	2	Numeric	162-163	<p>Patient Relationship between policyholder and patient.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>01 = Patient is policy holder</li> <li>02 = Spouse</li> <li>03 = Natural child, insured has financial responsibility</li> <li>04 = Natural child, insured does not have financial responsibility</li> <li>05 = Stepchild</li> <li>06 = Foster child</li> <li>07 = Ward of the Court</li> <li>08 = Employee</li> <li>09 = Unknown</li> <li>10 = Handicapped dependent</li> <li>11 = Organ donor</li> <li>12 = Cadaver donor</li> <li>13 = Grandchild</li> <li>14 = Niece/nephew</li> <li>15 = Injured plaintiff</li> <li>16 = Sponsored dependent</li> <li>17 = Minor dependent of a minor dependent</li> <li>18 = Parent</li> <li>19 = Grandparent dependent</li> <li>20 = Domestic partner (Effective April, 2004.)</li> </ul> <p>Not required. Populate with zeros if not available</p> <p><b>Note:</b> For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 150px;">MSP Type</td> <td>Patient Relationship</td> </tr> <tr> <td colspan="2">-----</td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </table>	MSP Type	Patient Relationship	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship													
-----														
A	01, 02													
B	01, 02, 03, 04, 05, 18, 20													
G	01, 02, 03, 04, 05, 18, 20													

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

Data Field	Length	Type	Displacement	Description
CMS Grouping Code	2	Alpha	182-183	<p>CMS Grouping Code</p> <ul style="list-style-type: none"> <li>01 = Gel Implants (Trailblazers, 00400)</li> <li>02 = Gel Implants (Alabama, 00010)</li> <li>03 = Bone screw recoveries</li> <li>04 = Diet drug recoveries</li> <li>05 = Sulzer Inter-op Acetabular shells for hip implant recoveries</li> <li>06 = Sulzer orthopedic and defective knee replacement recoveries</li> <li>07 = Baycol litigation use beneficiary state logic for lead assignment</li> <li>08 = Dexatrim (90000)</li> <li>09 = Rhode Island receivership recoveries (00180)</li> <li>10 = Propulsid (00010)</li> <li>11 = Asbestos Exposure</li> <li>12 = Garretson Asbestos Cases</li> <li>13 = Fleet Phosphate</li> <li>14 = Accutane</li> <li>15 = Garretson - Traysol</li> <li>16 = Zelnorm</li> <li>17 = Total Body Supplement TBS</li> <li>18 = Hormone Replacement Therapy – HRT</li> <li>19 = Keugl Mesh</li> </ul> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's Address 1	32	Text	184-215	<p>Beneficiary's Address 1</p> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's Address 2	32	Text	216-247	<p>Beneficiary's Address 2</p> <p>Not required. Populate with spaces if not available</p>
Beneficiary's City	15	Text	248-262	<p>Beneficiary's City</p> <p>Not required. Populate with spaces if not available.</p>
Beneficiary's State	2	Alpha	263-264	<p>Beneficiary's State</p> <p>Not required. Populate with spaces if not available.</p>

Data Field	Length	Type	Displacement	Description
Beneficiary's Zip Code	9	Numeric	265-273	Beneficiary's Zip Code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	274-283	No edits other than data type edits. If not valid, drop the record with edit code 'PE20'.
Check Date	8	Numeric	284-291	Date of check in CCYYMMDD format. <b>Required</b> if Source is CHEK
Check Amount	15	Alpha	292-306	Amount of check in \$999,999,999.99 format. <b>Required</b> if Source is CHEK
Check Number	15	Alpha	307-321	Check Number <b>Required</b> if Source is CHEK
Informant's First Name	15	Text	322-336	Informant's First Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of <i>required fields</i> for various source codes.
Informant's Middle Initial	1	Alpha	337	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	338-361	Informant's Last Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of <i>required fields</i> for various source codes.
Informant's Phone	10	Numeric	362-371	Informant's Phone Number Not required. Populate with zeros if not available.
Informant's Address 1	32	Text	372-403	Informant's Address 1 Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of <i>required fields</i> for various source codes.

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

Data Field	Length	Type	Displacement	Description
Informant's Relationship Code	1	Alpha	462	<p>Relationship of informant to beneficiary. Valid values are:</p> <ul style="list-style-type: none"> <li>A Attorney representing beneficiary</li> <li>B Beneficiary</li> <li>C Child</li> <li>D Defendant's attorney</li> <li>E Employer</li> <li>F Father</li> <li>I Insurer</li> <li>M Mother</li> <li>N Non-relative</li> <li>O Other relative</li> <li>P Provider</li> <li>R Beneficiary representative other than attorney</li> <li>S Spouse</li> <li>U Unknown</li> </ul> <p><b>Required</b> if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of <i>required fields</i> for various source codes.</p>
Employer's Name	32	Text	463-494	<p>Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</p>
Employer EIN	18	Text	495-512	<p>Employer's EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</p>
Employer's Address 1	32	Text	513-544	<p>Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</p>
Employer's Address 2	32	Text	545-576	<p>Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</p>

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

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

Data Field	Length	Type	Displacement	Description
Insurer's ZIP Code	9	Numeric	739-747	Zip Code of insurance carrier for MSP coverage. <b>Required</b> if Action is DI. Populate with spaces if not available. * Refer to Appendix B for complete set of <i>required fields</i> for various source codes.
Insurer's Phone	10	Numeric	748-757	Insurer's Phone Number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	758-777	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	778-794	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	795-809	First Name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	810	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available
Subscriber Last Name	24	Text	811-834	Last Name of individual covered by this insurance. Not required. Populate with spaces if not available
Subscriber Social Security Number	9	Numeric	835-843	Social Security Number of the policy holder/subscriber <b>Required</b>
Filler	25	Filler	844-868	Filler
Illness/Injury Date	8	Date	869-876	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in CCYYMMDD format) Not required. Populate with zeros if not available.
Illness/Injury Description	64	Text	877-940	Description of illness or injury for workers' compensation, automobile, or liability coverage. Not required. Populate with zeros if not available.

Data Field	Length	Type	Displacement	Description
Representative Name	32	Text	941-972	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format. Not required. Populate with spaces when not available.
Representative Address 1	32	Text	973-1004	Representative's Street address 1. Not required. Populate with spaces when not available.
Representative Address 2	32	Text	1005-1036	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative City	15	Text	1037-1051	Representative's City Not required. Populate with spaces when not available.
Representative State	2	Alpha	1052-1053	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative Zip	9	Numeric	1054-1062	Representative's Zip Code. Not required. Populate with spaces when not available.
Representative Type	1	Alpha	1063	Type of relationship between beneficiary and his/her representative. Valid values are: A = Attorney R = Representative not acting as an attorney Not required. Populate with spaces if not available.
Dialysis Train Date	8	Date	1064-1071	Date beneficiary received self-dialysis training (in CCYMMDD format) Not required. Populate with zeros if not available.
Black Lung Indicator	1	Alpha	1072	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: Y = Yes N = No Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Black Lung Effective Date	8	Date	1073-1080	<p>Date beneficiary began receiving benefits under the Black Lung Program in CCYYMMDD format.</p> <p>Not required. Populate with zeros if not available.</p>
Diagnosis Code 1 ICD Indicator	1	Numeric	1081	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1A and the record will be dropped.</p> <p><b>Required if Diagnosis Code 1 is submitted.</b></p>
Diagnosis Code 1	7	Text	1082 – 1088	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. Required if Action code is CA or CL.</p> <p><b>Required if Diagnosis Code 1 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 1 ICD Indicator = 0, Diagnosis Code 1 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 1 ICD Indicator = 9, Diagnosis Code 1 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>* Refer to Appendix B for complete set of <i>required fields</i> for various source codes.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE69 and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 2 ICD Indicator	1	Numeric	1089	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1B and the record will be dropped.</p> <p><b>Required if Diagnosis Code 2 is submitted.</b></p>
Diagnosis Code 2	7	Text	1090 -1096	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 2 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 2 ICD Indicator = 0, Diagnosis Code 2 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 2 ICD Indicator = 9, Diagnosis Code 2 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped.</p>
Diagnosis Code 3 ICD Indicator	1	Numeric	1097	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1C and the record will be dropped.</p> <p><b>Required if Diagnosis Code 3 is submitted.</b></p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 3	7	Text	1098 – 1104	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 3 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 3 ICD Indicator = 0, Diagnosis Code 3 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 3 ICD Indicator = 9, Diagnosis Code 3 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE71 and the record will be dropped.</p>
Diagnosis Code 4 ICD Indicator	1	Numeric	1105	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1D and the record will be dropped.</p> <p><b>Required if Diagnosis Code 4 is submitted.</b></p>
Diagnosis Code 4	7	Text	1106 – 1112	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 4 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 4 ICD Indicator = 0, Diagnosis Code 4 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 4 ICD Indicator = 9, Diagnosis Code 4 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE72 and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 5 ICD Indicator	1	Numeric	1113	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1E and the record will be dropped.</p> <p><b>Required if Diagnosis Code 5 is submitted.</b></p>
Diagnosis Code 5	7	Text	1114 - 1120	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 5 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 5 ICD Indicator = 0, Diagnosis Code 5 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 5 ICD Indicator = 9, Diagnosis Code 5 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE73 and the record will be dropped.</p>
Diagnosis Code 6 ICD Indicator	1	Numeric	1121	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1F and the record will be dropped.</p> <p><b>Required if Diagnosis Code 6 is submitted.</b></p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 6	7	Text	1122 – 1128	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 6 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 6 ICD Indicator = 0, Diagnosis Code 6 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 6 ICD Indicator = 9, Diagnosis Code 6 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1G and the record will be dropped.</p>
Diagnosis Code 7 ICD Indicator	1	Numeric	1129	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1H and the record will be dropped.</p> <p><b>Required if Diagnosis Code 7 is submitted.</b></p>
Diagnosis Code 7	7	Text	1130 – 1136	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 7 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 7 ICD Indicator = 0, Diagnosis Code 7 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 7 ICD Indicator = 9, Diagnosis Code 7 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1I and the record will be dropped</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 8 ICD Indicator	1	Numeric	1137	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1J and the record will be dropped.</p> <p><b>Required if Diagnosis Code 8 is submitted.</b></p>
Diagnosis Code 8	7	Text	1138 – 1144	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 8 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 8 ICD Indicator = 0, Diagnosis Code 8 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 8 ICD Indicator = 9, Diagnosis Code 8 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1K and the record will be dropped.</p>
Diagnosis Code 9 ICD Indicator	1	Numeric	1145	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1L and the record will be dropped.</p> <p><b>Required if Diagnosis Code 9 is submitted.</b></p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 9	7	Text	1146 – 1152	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 9 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 9 ICD Indicator = 0, Diagnosis Code 9 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 9 ICD Indicator = 9, Diagnosis Code 9 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1M and the record will be dropped.</p>
Diagnosis Code 10 ICD Indicator	1	Numeric	1153	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1N and the record will be dropped.</p> <p><b>Required if Diagnosis Code 10 is submitted.</b></p>
Diagnosis Code 10	7	Text	1154 – 1160	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 10 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 10 ICD Indicator = 0, Diagnosis Code 10 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 10 ICD Indicator = 9, Diagnosis Code 10 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1O and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 11 ICD Indicator	1	Numeric	1161	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1P and the record will be dropped.</p> <p><b>Required if Diagnosis Code 11 is submitted.</b></p>
Diagnosis Code11	7	Text	1162 – 1168	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 11 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 11 ICD Indicator = 0, Diagnosis Code 11 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 11 ICD Indicator = 9, Diagnosis Code 11 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Q and the record will be dropped.</p>
Diagnosis Code 12 ICD Indicator	1	Numeric	1169	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1R and the record will be dropped.</p> <p><b>Required if Diagnosis Code 12 is submitted.</b></p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 12	7	Text	1170 – 1176	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 12 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 12 ICD Indicator = 0, Diagnosis Code 12 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 12 ICD Indicator = 9, Diagnosis Code 12 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1S and the record will be dropped.</p>
Diagnosis Code 13 ICD Indicator	1	Numeric	1177	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1T and the record will be dropped.</p> <p><b>Required if Diagnosis Code 13 is submitted.</b></p>
Diagnosis Code 13	7	Text	1178 – 1184	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 13 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 13 ICD Indicator = 0, Diagnosis Code 13 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 13 ICD Indicator = 9, Diagnosis Code 13 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1U and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 14 ICD Indicator	1	Numeric	1185	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1V and the record will be dropped.</p> <p><b>Required if Diagnosis Code 14 is submitted.</b></p>
Diagnosis Code 14	7	Text	1186 – 1292	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 14 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 14 ICD Indicator = 0, Diagnosis Code 14 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 14 ICD Indicator = 9, Diagnosis Code 14 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1W and the record will be dropped.</p>
Diagnosis Code 15 ICD Indicator	1	Numeric	1193	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1X and the record will be dropped.</p> <p><b>Required if Diagnosis Code 15 is submitted.</b></p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 15	7	Text	1194 – 1200	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 15 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 15 ICD Indicator = 0, Diagnosis Code 15 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 15 ICD Indicator = 9, Diagnosis Code 15 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Y and the record will be dropped.</p>
Diagnosis Code 16 ICD Indicator	1	Numeric	1201	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE1Z and the record will be dropped.</p> <p><b>Required if Diagnosis Code 16 is submitted.</b></p>
Diagnosis Code 16	7	Text	1202 – 1208	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 16 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 16 ICD Indicator = 0, Diagnosis Code 16 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 16 ICD Indicator = 9, Diagnosis Code 16 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2A and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 17 ICD Indicator	1	Numeric	1209	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2B and the record will be dropped.</p> <p><b>Required if Diagnosis Code 17 is submitted.</b></p>
Diagnosis Code 17	7	Text	1210 – 1216	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 17 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 17 ICD Indicator = 0, Diagnosis Code 17 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 17 ICD Indicator = 9, Diagnosis Code 17 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2C and the record will be dropped.</p>
Diagnosis Code 18 ICD Indicator	1	Numeric	1217	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2D and the record will be dropped.</p> <p><b>Required if Diagnosis Code 18 is submitted.</b></p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 18	7	Text	1218 – 1224	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 18 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 18 ICD Indicator = 0, Diagnosis Code 18 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 18 ICD Indicator = 9, Diagnosis Code 18 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2E and the record will be dropped.</p>
Diagnosis Code 19 ICD Indicator	1	Numeric	1225	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2F and the record will be dropped.</p> <p><b>Required if Diagnosis Code 19 is submitted.</b></p>
Diagnosis Code 19	7	Text	1226 – 1232	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 19 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 19 ICD Indicator = 0, Diagnosis Code 19 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 19 ICD Indicator = 9, Diagnosis Code 19 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2G and the record will be dropped.</p>

Data Field	Length	Type	Displacement	Description
Diagnosis Code 20 ICD Indicator	1	Numeric	1233	<p>One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.</p> <p>0 = ICD-10-CM format 9 = ICD-9-CM format</p> <p>If an invalid code is entered, the user will see error code PE2H and the record will be dropped.</p> <p><b>Required if Diagnosis Code 20 is submitted.</b></p>
Diagnosis Code 20	7	Text	1234 – 1240	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p><b>Required if Diagnosis Code 20 ICD Indicator is submitted.</b></p> <p>If Diagnosis Code 20 ICD Indicator = 0, Diagnosis Code 20 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 20 ICD Indicator = 9, Diagnosis Code 20 must contain a valid ICD-9-CM diagnosis code.</p> <p>Populate with spaces if not applicable.</p> <p>NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2I and the record will be dropped.</p>
Filler	17	Filler	1241- 1267	Unused Field – fill with spaces

**Table G-14: MSP Inquiry Response Header Record Layout**

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Edits</b>
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	HE04.
File Date	8	Date	15-22	HE05.
Filler	1245	Filler	23-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected.

**MSP Inquiry Response Detail Record**

This record layout will be returned for MSP Inquiry file submissions beginning 10/01/2013. This record layout **must be returned** for all MSP Inquiry file submissions as of 1/1/2014.

**Table G-15: MSP Inquiry Response Detail Record Layout**

Data Field	Length	Type	Displacement	Edit
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Tran Stat Cd	2	Alpha	72-73	None. Will contain the Status returned from ECRS
Tran Reason Cd	2	Numeric	74-75	None. Will contain the Reason returned from ECRS.
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
First Development	1	Alpha	85	PE64
Second Development	1	Alpha	86	PE65
RSP	1	Alpha	87	PE66
Trans Source Cd	4	Alpha	88-91	PE05
HIC Number	12	Alpha-Numeric	92-103	PE09
Beneficiary's Social Security Number	9	Numeric	104-112	PE10
Beneficiary's Date of Birth	8	Date	113-120	PE11
Beneficiary's Sex Code	1	Alpha	121	None

Data Field	Length	Type	Displacement	Edit
Beneficiary's First Name	15	Text	122-136	PE12.
Beneficiary's Initial	1	Alpha	137	PE13
Beneficiary's Last Name	24	Text	138-161	PE14
Patient Relationship	2	Numeric	162-163	PE0J
MSP Type	1	Alpha	164	PE39
MSP Effective Date	8	Date	165-172	PE67
MSP Term Date	8	Date	173-180	PE68
Send CWF	1	Alpha	181	None
CMS Grouping Code	2	Alpha	182-183	PE0E
Beneficiary's Address 1	32	Text	184-215	PE15
Beneficiary's Address 2	32	Text	216-247	PE16
Beneficiary's City	15	Text	248-262	PE17
Beneficiary's State	2	Alpha	263-264	PE18
Beneficiary's Zip Code	9	Numeric	265-273	PE19
Beneficiary's Phone	10	Numeric	274-283	PE20
Check Date	8	Numeric	284-291	PE98
Check Amount	15	Alpha	292-306	PE99
Check Number	15	Alpha	307-321	PE0A
Informant's First Name	15	Text	322-336	PE21
Informant's Middle Initial	1	Alpha	337	PE22
Informant's Last Name	24	Text	338-361	PE23
Informant's Phone	10	Numeric	362-371	PE29
Informant's Address 1	32	Text	372-403	PE24
Informant's Address 2	32	Text	404-435	PE25
Informant's City	15	Text	436-450	PE26
Informant's State	2	Alpha	451-452	PE27
Informant's Zip Code	9	Numeric	453-461	PE28
Informant's Relationship Code	1	Alpha	462	None
Employer's Name	32	Text	463-494	PE30
Employer EIN	18	Text	495-512	PE37

Data Field	Length	Type	Displacement	Edit
Employer's Address 1	32	Text	513-544	PE31
Employer's Address 2	32	Text	545-576	PE32
Employer's Phone	10	Numeric	577-586	PE36
Employer's City	15	Text	587-601	PE33
Employer's State	2	Alpha	602-603	PE34
Employer's ZIP Code	9	Numeric	604-612	PE35
Employee No	12	Text	613-624	PE38.
Insurer's name	32	Text	625-656	PE42
Insurer Type	1	Alpha	657	PE0Q
Insurer's Address 1	32	Text	658-689	PE43
Insurer's Address 2	32	Text	690-721	PE44
Insurer's City	15	Text	722-736	PE45
Insurer's State	2	Alpha	737-738	PE46
Insurer's ZIP Code	9	Numeric	739-747	PE47
Insurer's Phone	10	Numeric	748-757	PE0B
Insurer Group Number	20	Text	758-777	PE62
Insurer Policy Number	17	Text	778-794	PE63
Subscriber First Name	15	Text	795-809	PE58
Subscriber Initial	1	Alpha	810	PE59
Subscriber Last Name	24	Text	811-834	PE60
Subscriber Social Security Number	9	Numeric	835-843	PE0F
Filler	25	Filler	844-868	None
Illness/Injury Date	8	Date	869-876	PE75
Illness/Injury Description	64	Text	877-940	PE76
Representative Name	32	Text	941-972	PE77
Representative Address 1	32	Text	973-1004	PE78
Representative Address 2	32	Text	1005-1036	PE79
Representative City	15	Text	1037-1051	PE80
Representative State	2	Alpha	1052-1053	PE81
Representative Zip	9	Numeric	1054-1062	PE82
Representative Type	1	Alpha	1063	PE83

Data Field	Length	Type	Displacement	Edit
Dialysis Train Date	8	Date	1064-1071	PE84
Black Lung Indicator	1	Alpha	1072	PE85
Black Lung Effective Date	8	Date	1073-1080	PE86
Submitter Type	1	Alpha-Numeric	1081	If not valid value, drop file with error code HE06.
Diagnosis Code 1 Indicator	1	Text	1082	PE1A
Diagnosis Code 1	7	Text	1083 – 1089	PE69
Diagnosis Code 2 Indicator	1	Text	1090	PE1B
Diagnosis Code 2	7	Text	1091 -1097	PE70
Diagnosis Code 3 Indicator	1	Text	1098	PE1C
Diagnosis Code 3	7	Text	1099 – 1105	PE71
Diagnosis Code 4 Indicator	1	Text	1106	PE1D
Diagnosis Code 4	7	Text	1107 - 1113	PE72
Diagnosis Code 5 Indicator	1	Text	1114	PE1E
Diagnosis Code 5	7	Text	1115 - 1121	PE73
Diagnosis Code 6 Indicator	1	Text	1122	PE1F
Diagnosis Code 6	7	Text	1123 – 1129	PE1G
Diagnosis Code 7 Indicator	1	Text	1130	PE1H
Diagnosis Code 7	7	Text	1131 – 1137	PE1I
Diagnosis Code 8 Indicator	1	Text	1138	PE1J
Diagnosis Code 8	7	Text	1139 – 1145	PE1K
Diagnosis Code 9 Indicator	1	Text	1146	PE1L
Diagnosis Code 9	7	Text	1147 – 1153	PE1M
Diagnosis Code 10 Indicator	1	Text	1154	PE1N
Diagnosis Code 10	7	Text	1155 – 1161	PE1O
Diagnosis Code 11 Indicator	1	Text	1162	PE1P

Data Field	Length	Type	Displacement	Edit
Diagnosis Code 11	7	Text	1163 – 1169	PE1Q
Diagnosis Code 12 Indicator	1	Text	1170	PE1R
Diagnosis Code 12	7	Text	1171 – 1177	PE1S
Diagnosis Code 13 Indicator	1	Text	1178	PE1T
Diagnosis Code 13	7	Text	1179 – 1185	PE1U
Diagnosis Code 14 Indicator	1	Text	1186	PE1V
Diagnosis Code 14	7	Text	1187 – 1193	PE1W
Diagnosis Code 15 Indicator	1	Text	1194	PE1X
Diagnosis Code 15	7	Text	1195 – 1201	PE1Y
Diagnosis Code 16 Indicator	1	Text	1202	PE1Z
Diagnosis Code 16	7	Text	1203 – 1209	PE2A
Diagnosis Code 17 Indicator	1	Text	1210	PE2B
Diagnosis Code 17	7	Text	1211 – 1217	PE2C
Diagnosis Code 18 Indicator	1	Text	1218	PE2D
Diagnosis Code 18	7	Text	1219 – 1225	PE2E
Diagnosis Code 19 Indicator	1	Text	1226	PE2F
Diagnosis Code 19	7	Text	1227 – 1233	PE2G
Diagnosis Code 20 Indicator	1	Text	1234	PE2H
Diagnosis Code 20	7	Text	1235 – 1241	PE2I
Filler	17	Filler	1242-1267	None
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

## G.8 Prescription Drug Inquiry File Layouts

### Prescription Drug Inquiry Header Record

**Table G-16: Prescription Drug Inquiry Header Record Layout**

Data Field	Length	Type	Displacement	Description
Header Indicator	2	Alpha-Numeric	1-2	Header Record Type Indicator (Indicates a Header record) Set to 'H0'. <b>Required</b>
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number <b>Required</b>
File Type	3	Alpha	12-14	Type of File Set to 'PDI' – Prescription Drug Inquiry File <b>Required</b>
File Date	8	Date	15-22	Date File Created in CCYYMMDD format <b>Required</b>
Filler	1245	Filler	23-1267	Unused Field – Populate with spaces

### Prescription Drug Inquiry Trailer Record

**Table G-17: Prescription Drug Inquiry Trailer Record Layout**

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Description</b>
Trailer Indicator	2	Alpha-Numeric	1-2	Trailer Record Type Indicator Set to 'T0'. <b>Required</b>
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number <b>Required</b>
File Type	3	Alpha-Numeric	12-14	Type of File Set to 'PDI' – Prescription Drug Inquiry File <b>Required</b>
File Date	8	Date	15-22	Date File Created in CCYYMMDD format <b>Required</b>
Record Count	9	Numeric	2-31	Number of Prescription Drug Inquiry Records in file <b>Required</b>
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

### Prescription Drug Inquiry Detail Record

**Table G-18: Prescription Drug Inquiry Detail Record Layout**

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Type of Record Set to 'ECRS' <b>Required</b>
Contractor Number	5	Alpha-Numeric	5-9	Part D Plan Contractor number <b>Required</b>
DCN	15	Text	10-24	Document Control Number; assigned by the Part D Plan. <b>Required.</b> Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'P' for Prescription Drug Inquiry <b>Required</b>
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by the COB. Internal use only. Populate with spaces.
Tran Stat Cd	2	Alpha	29-30	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	31-32	Reason Set to '01' for New
Trans Source Cd	4	Alpha	33-36	Source of Record Valid Values are: CHEK= Check LTTR = Letter PHON= Phone SCLM= Secondary Claim CLAM = Claim SRVY= Survey <b>Required</b>
Update Operator ID	8	Alpha-Numeric	37-44	ID of user making update. Not required
Contractor Name	25	Text	45-69	Contractor name Not required
Contractor Phone	10	Numeric	70-79	Contractor Phone Number Not required

Data Field	Length	Type	Displacement	Description
HIC Number	12	Alpha-Numeric	80-91	Beneficiary Health Insurance Claim Number <b>Required</b> if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	92-100	Beneficiary's Social Security Number <b>Required</b> if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format <b>Required</b>
Beneficiary's Sex Code	1	Alpha	109	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Default to 'U' if not available <b>Required</b>
Beneficiary's First Name	15	Text	110-124	Beneficiary's First Name <b>Required</b>
Beneficiary's Initial	1	Alpha	125	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	126-149	Beneficiary's Last Name <b>Required</b>
Patient Relationship	2	Character	150-151	Patient Relationship between policy holder and patient. Valid values are: 1 Patient is Policy Holder 2 Spouse 3 Child 4 Other <b>Required</b>
Check Date	8	Numeric	152-159	Date of check in CCYYMMDD format. <b>Required</b> if Source is CHEK
Check Amount	15	Alpha	160-174	Amount of check in \$999,999,999.99 format. <b>Required</b> if Source is CHEK
Check Number	15	Alpha	175-189	Check Number <b>Required</b> if Source is CHEK

Data Field	Length	Type	Displacement	Description
Beneficiary's Address 1	32	Text	190-221	Beneficiary's Address 1 Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	222-253	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	254-268	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	269-270	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's Zip Code	9	Numeric	271-279	Beneficiary's Zip Code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	280-289	Beneficiary's Phone Not required. Populate with zeros if not available
Informant's First Name	15	Text	290-304	Informant's First Name <b>Required</b>
Informant's Middle Initial	1	Alpha	305	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	306-329	Informant's Last Name <b>Required</b>

Data Field	Length	Type	Displacement	Description
Informant's Relationship Code	1	Alpha	330	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown <b>Required</b>
Informant's Address 1	32	Text	331-362	Informant's Address 1 <b>Required</b>
Informant's Address 2	32	Text	363-394	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	395-409	Informant's City <b>Required</b>
Informant's State	2	Alpha	410-411	Informant's State <b>Required</b>
Informant's Zip Code	9	Numeric	412-420	Informant's Zip <b>Required</b>
Informant's Phone	10	Numeric	421-430	Informant's Phone Number Not required. Populate with zeros if not available.
Employer's Name	32	Text	431-462	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Description</b>
Employer's Address 1	32	Text	463-494	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	495-526	Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's City	15	Text	527-541	Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's State	2	Alpha	542-543	Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	544-552	Employer's Zip Code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	553-562	Employer's Phone Number providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer EIN	18	Text	563-580	Employer's Identification Number (EIN) providing group health insurance under which the beneficiary is covered. Not required. Populate with spaces if not available.
Employee No	12	Text	581-592	Policyholder's Employee Number Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Person Code	3	Numeric	593-595	Person Code. Plan specific (Relationship assigned plan administrator at the plan level) Valid values are: 001 = Self 002 = Spouse 003 = Other <b>Required</b> only for Supplemental Drug Coverage records. If not Supplemental Drug Coverage record, populate with spaces.
Sup Type	1	Alpha-Numeric	596	Supplemental Drug Type Valid values are: L = Supplemental M = Medigap N = Non-qualified SPAP O = Other P = PAP R = Charity T = Federal Government Programs 3 = Major Medical <b>Required</b> if Record Type = 'SUP'. Otherwise not required, populate with spaces.
MSP Type	1	Alpha-Numeric	597	Medicare Secondary Payer Type Valid values are: A Working Aged B ESRD C Conditional payment D Automobile Insurance - No-fault E Workers' Compensation F Federal (public) G Disabled H Black Lung W Workers' Compensation Set-Aside <b>Required</b> if Record Type of Primary 'PRI' is selected. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Type	1	Alpha-Numeric	598	Prescription Drug Coverage Type Valid values are: U = Drug network V = Drug non-network Z = Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) Not required. Populate with spaces if not available.
Rec Type	3	Alpha-Numeric	599-601	Prescription Drug Coverage Type of Insurance Valid values are: PRI = Primary SUP = Supplemental Not required. If Sup Type is populated and this field is blank, SUP will be assumed. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Insurer's name	32	Text	602-633	<p>Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>If Insurer's Name contains any of the following values it is an error:</p> <ul style="list-style-type: none"> <li>NO</li> <li>NONE</li> <li>N/A</li> <li>HCFA</li> <li>ATTORNEY</li> <li>UNK</li> <li>MIS</li> <li>CMS</li> <li>NA</li> <li>UNKNOWN</li> </ul> <p>If Insurer's name contains only one of the following values it is an error:</p> <ul style="list-style-type: none"> <li>BC</li> <li>BS</li> <li>BX</li> <li>BCBX</li> <li>Medicare</li> <li>BLUE CROSS</li> <li>COB</li> </ul> <p><b>Required</b></p>
Insurer's Address 1	32	Text	634-665	<p>Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Not required. Populate with spaces if not available.</p>
Insurer's Address 2	32	Text	666-697	<p>Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Not required. Populate with spaces if not available.</p>
Insurer's City	15	Text	698-712	<p>City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Not required. Populate with spaces if not available.</p>

Data Field	Length	Type	Displacement	Description
Insurer's State	2	Alpha	713-714	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	715-723	Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Drug Coverage Effective Date	8	Date	724-731	Effective Date of Supplemental Prescription Drug Coverage. <b>Required</b>
Term Date	8	Date	732-739	Termination Date of Supplemental Prescription Drug Coverage. Not Required. Populate with zeros if not available.
Policy Number	17	Text	740-756	Prescription Drug Policy Number Not required. Populate with spaces if not available.
RX BIN	6	Text	757-762	Prescription Drug BIN Number <b>Required</b> if TYPE = "U" Must be six numeric digits.
RX PCN	10	Text	763-772	Prescription Drug PCN Number <b>Required</b> if TYPE = "U" Populate with spaces if not available.
RX Group	15	Text	773-787	Prescription Drug Group Number <b>Required</b> if TYPE = "U" Populate with spaces if not available.
RX ID	20	Text	788-807	Prescription Drug ID Number <b>Required</b> if TYPE = "U" Populate with spaces if not available.
RX Phone	18	Text plus '(' and ')'	808-825	Prescription Drug Phone Number Not required. Populate with spaces if not available.
Filler	442	Filler	826-1267	Unused Field – fill with spaces

**Prescription Drug Inquiry Response Header Record**

**Table G-19: Prescription Drug Inquiry Response Header Record Layout**

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Error Code if Invalid Data</b>
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04.
File Date	8	Date	15-22	HE05.
Submitter Type	1	Alpha-Numeric	23	HE06
Filler	1244	Filler	24-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected.

### Prescription Drug Inquiry Response Detail Record

**Table G-20: Prescription Drug Inquiry Response Detail Record Layout**

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Tran Stat Cd	2	Alpha	29-30	None. Will contain status code returned from ECRS.
Tran Reason Cd	2	Numeric	31-32	None. Will contain reason code returned from ECRS.
Trans Source Cd	4	Alpha	33-36	PE05
Update Operator ID	8	Alpha-Numeric	37-44	PE06
Contractor Name	25	Text	45-69	PE07
Contractor Phone	10	Numeric	70-79	PE08
HIC Number	12	Alpha-Numeric	80-91	PE09
Beneficiary's Social Security Number	9	Numeric	92-100	PE10
Beneficiary's Date of Birth	8	Date	101-108	PE11
Beneficiary's Sex Code	1	Alpha	109	None
Beneficiary's First Name	15	Text	110-124	PE12
Beneficiary's Initial	1	Alpha	125	PE13
Beneficiary's Last Name	24	Text	126-149	PE14
Patient Relationship	2	Character	150-151	PE0J
Check Date	8	Numeric	152-159	PE98
Check Amount	15	Alpha	160-174	PE99
Check Number	15	Alpha	175-189	PE0A
Beneficiary's Address 1	32	Text	190-221	PE15
Beneficiary's Address 2	32	Text	222-253	PE16

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Error Code if Invalid Data</b>
Beneficiary's City	15	Text	254-268	PE17
Beneficiary's State	2	Alpha	269-270	PE18
Beneficiary's Zip Code	9	Numeric	271-279	PE19
Beneficiary's Phone	10	Numeric	280-289	PE20
Informant's First Name	15	Text	290-304	PE21
Informant's Middle Initial	1	Alpha	305	PE22
Informant's Last Name	24	Text	306-329	PE23
Informant's Relationship Code	1	Alpha	330	None
Informant's Address 1	32	Text	331-362	PE24
Informant's Address 2	32	Text	363-394	PE25
Informant's City	15	Text	395-409	PE26
Informant's State	2	Alpha	410-411	PE27
Informant's Zip Code	9	Numeric	412-420	PE28
Informant's Phone	10	Numeric	421-430	PE29
Employer's Name	32	Text	431-462	PE30
Employer's Address 1	32	Text	463-494	PE31
Employer's Address 2	32	Text	495-526	PE32
Employer's City	15	Text	527-541	PE33
Employer's State	2	Alpha	542-543	PE34
Employer's ZIP Code	9	Numeric	544-552	PE35
Employer's Phone	10	Numeric	553-562	PE36
Employer EIN	18	Text	563-580	PE37
Employee No	12	Text	581-592	PE38
Person Code	3	Numeric	593-595	PE0K
Sup Type	1	Alpha-Numeric	596	PE0P
MSP Type	1	Alpha-Numeric	597	PE39
Type	1	Alpha-Numeric	598	PE40
Rec Type	3	Alpha-Numeric	599-601	PE41
Insurer's name	32	Text	602-633	PE42
Insurer's Address 1	32	Text	634-665	PE43

<b>Data Field</b>	<b>Length</b>	<b>Type</b>	<b>Displacement</b>	<b>Error Code if Invalid Data</b>
Insurer's Address 2	32	Text	666-697	PE44
Insurer's City	15	Text	698-712	PE45
Insurer's State	2	Alpha	713-714	PE46
Insurer's ZIP Code	9	Numeric	715-723	PE47
Effective Date	8	Date	724-731	PE48
Term Date	8	Date	732-739	PE0G
Policy Number	17	Text	740-756	PE49
RX BIN	6	Text	757-762	PE50
RX PCN	10	Text	763-772	PE51
RX Group	15	Text	773-787	PE52
RX ID	20	Text	788-807	PE53
RX Phone	18	Text plus '(' and ')'	808-825	PE54
Filler	442	Filler	826-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

## Appendix H: Error Codes

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**Table H-1: Header Record Errors**

Error Code	Description
HE01	Invalid Header Indicator (Not = 'H0')
HE02	Invalid Plan Id
HE03	Invalid Contractor Number
HE04	Invalid File Type
HE05	Invalid File Date
HE06	Invalid Submitter Type

**Table H-2: Trailer Record Errors**

Error Code	Description
TE01	Invalid Trailer Indicator (Not = 'T0')
TE02	Invalid Plan ID
TE03	Contractor Number
TE04	Invalid File Type
TE05	Invalid File Date
TE06	Invalid Record Count

**Table H-3: Detail Record and File Structure Errors**

Error Code	Description
DE01	Invalid Character
FS01	Invalid File Structure
FS02	Invalid Record Length

**Table H-4 Response Record Errors**

Error Code	Description
PE00	Invalid Transaction Type entered (Not = 'ECRS')
PE01	Invalid Contractor Number entered
PE02	Invalid DCN Number
PE03	Invalid Transaction Type Code

Error Code	Description
PE04	Invalid Transaction Sequence Number
PE05	Invalid Trans Source Code
PE06	Invalid Update Operator Id
PE07	Invalid Contractor Name
PE08	Invalid Contractor Phone Number
PE09	Invalid HIC Number
PE10	Invalid Beneficiary's Social Security Number
PE11	Invalid Beneficiary's Date of Birth
PE12	Invalid Beneficiary's First Name
PE13	Invalid Beneficiary's Middle Initial
PE14	Invalid Beneficiary's Last Name
PE15	Invalid Beneficiary's Address 1
PE16	Invalid Beneficiary's Address 2
PE17	Invalid Beneficiary's City
PE18	Invalid Beneficiary's State
PE19	Invalid Beneficiary's Zip Code
PE20	Invalid Beneficiary's Phone Number
PE21	Invalid Informant's First Name
PE22	Invalid Informant's Middle Initial
PE23	Invalid Informant's Last Name
PE24	Invalid Informant's Address 1
PE25	Invalid Informant's Address 2
PE26	Invalid Informant's City
PE27	Invalid Informant's State
PE28	Invalid Informant's Zip Code
PE29	Invalid Informant's Phone Number
PE30	Invalid Employer's Name
PE31	Invalid Employer's Address 1
PE32	Invalid Employer's Address 2
PE33	Invalid Employer's City
PE34	Invalid Employer's State
PE35	Invalid Employer's Zip
PE36	Invalid Employer's Phone Number
PE37	Invalid Employer's EIN

Error Code	Description
PE38	Invalid Employee Number
PE39	Invalid MSP Type
PE40	Invalid Type
PE41	Invalid Record Type
PE42	Invalid Insurer's Name
PE43	Invalid Insurer's Address 1
PE44	Invalid Insurer's Address 2
PE45	Invalid Insurer's City
PE46	Invalid Insurer's State
PE47	Invalid Insurer's Zip
PE48	Invalid Effective Date
PE49	Invalid Policy Number
PE50	Invalid Rx BIN
PE51	Invalid Rx PCN
PE52	Invalid Rx Group
PE53	Invalid Rx ID
PE54	Invalid Rx Phone
PE55	Invalid Comment ID
PE56	Invalid COB Comment
PE57	Invalid COB Comment ID
PE58	Invalid Subscriber's First Name
PE59	Invalid Subscriber's Middle Initial
PE60	Invalid Subscriber's Last Name
PE61	Invalid Activity Code
PE62	Invalid Insurer Group Number
PE63	Invalid Insurer Policy Number
PE64	Invalid First Development
PE65	Invalid Second Development
PE66	Invalid Response
PE67	Invalid MSP Effective Date
PE68	Invalid MSP Term Date
PE69	Invalid Diagnosis Code 1
PE70	Invalid Diagnosis Code 2
PE71	Invalid Diagnosis Code 3

Error Code	Description
PE72	Invalid Diagnosis Code 4
PE73	Invalid Diagnosis Code 5
PE74	Invalid Trans Comments
PE75	Invalid Illness/Injury Date
PE76	Invalid Illness/Injury Description
PE77	Invalid Representative Name
PE78	Invalid Representative Address 1
PE79	Invalid Representative Address 2
PE80	Invalid Representative City
PE81	Invalid Representative State
PE82	Invalid Representative Zip
PE83	Invalid Representative Type
PE84	Invalid Dialysis Train Date
PE85	Invalid Black Lung Indicator
PE86	Invalid Black Lung Effective Date
PE87	Invalid MSP AUX Number
PE88	Invalid MSP Accretion Date
PE89	Invalid Remarks Code 1
PE90	Invalid Remarks Code 2
PE91	Invalid Remarks Code 3
PE92	Invalid Trans Action Code 1
PE93	Invalid Trans Action Code 2
PE94	Invalid Trans Action Code 3
PE95	Invalid Trans Action Code 4
PE96	Invalid Originating Contractor
PE97	Invalid PHP Date
PE98	Invalid Check Date
PE99	Invalid Check Amount
PE0A	Invalid Check Number
PE0B	Invalid Insurer's Phone Number
PE0C	Invalid Develop To
PE0D	Invalid Change Lead To
PE0E	Invalid CMS Grouping Code
PE0F	RXBIN Cannot Be Spaces When Coverage Type is "U".

Error Code	Description
PE0G	Invalid Term Date
PE0H	Patient relationship required for coverage type of U
PE0I	Insurance type required for coverage type of U.
PE0J	Invalid Patient relationship for the associated MSP Type Type A Valid Relationship Codes 01, 02 Type B Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20 Type G Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20
PE0K	Invalid or Missing Person Code
PE0L	Invalid New Effective Date
PE0M	Invalid New Insurer Type
PE0N	Invalid New MSP Type
PE0O	Invalid New Patient Relationship
PE0P	Add/Update of Supplemental Type Q and S is not allowed
PE0Q	Invalid Insurance Type. MSP Inquiry submitted with an Insurance Type other than "A", "J", "K". "R", "S" or blank.
PE1A	Invalid Diagnosis Code 1 ICD Indicator
PE69	Invalid Diagnosis Code 1
PE1B	Invalid Diagnosis Code 2 ICD Indicator
PE70	Invalid Diagnosis Code 2
PE1C	Invalid Diagnosis Code 3 ICD Indicator
PE71	Invalid Diagnosis Code 3
PE1D	Invalid Diagnosis Code 4 ICD Indicator
PE72	Invalid Diagnosis Code 4
PE1E	Invalid Diagnosis Code 5 ICD Indicator
PE73	Invalid Diagnosis Code 5
PE1F	Invalid Diagnosis Code 6 ICD Indicator
PE1G	Invalid Diagnosis Code 6
PE1H	Invalid Diagnosis Code 7 ICD Indicator
PE1I	Invalid Diagnosis Code 7
PE1J	Invalid Diagnosis Code 8 ICD Indicator
PE1K	Invalid Diagnosis Code 8
PE1L	Invalid Diagnosis Code 9 ICD Indicator
PE1M	Invalid Diagnosis Code 9
PE1N	Invalid Diagnosis Code 10 ICD Indicator
PE1O	Invalid Diagnosis Code 10

Error Code	Description
PE1P	Invalid Diagnosis Code 11 ICD Indicator
PE1Q	Invalid Diagnosis Code11
PE1R	Invalid Diagnosis Code 12 ICD Indicator
PE1S	Invalid Diagnosis Code 12
PE1T	Invalid Diagnosis Code 13 ICD Indicator
PE1U	Invalid Diagnosis Code 13
PE1V	Invalid Diagnosis Code 14 ICD Indicator
PE1W	Invalid Diagnosis Code 14
PE1X	Invalid Diagnosis Code 15 ICD Indicator
PE1Y	Invalid Diagnosis Code 15
PE1Z	Invalid Diagnosis Code 16 ICD Indicator
PE2A	Invalid Diagnosis Code 16
PE2B	Invalid Diagnosis Code 17 ICD Indicator
PE2C	Invalid Diagnosis Code 17
PE2D	Invalid Diagnosis Code 18 ICD Indicator
PE2E	Invalid Diagnosis Code 18
PE2F	Invalid Diagnosis Code 19 ICD Indicator
PE2G	Invalid Diagnosis Code 19
PE2H	Invalid Diagnosis Code 20 ICD Indicator
PE2I	Invalid Diagnosis Code 20
RX02	Invalid Rx BIN
RX07	Medicare Beneficiary Not Enrolled in Part D
RX10	Medicare Record was Not Found to Delete
RX15	ACTION CODE IS 'CX' AND GROUP, BIN AND PCN ARE SPACES
RX16	ACTION CODE IS 'AP' AND GROUP AND POLICY NUMBER ARE SPACES
RX17	RECORD TYPE IS SUPPLEMENTAL AND SUPPLEMENTAL TYPE IS SPACES

## Appendix I: Frequently Asked Questions (FAQs)

**Table I-1: Am I Using the Correct Option?**

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Create Requests or Inquiries	CWF Assistance Request	Add a new Assistance Request for <b>changes to existing CWF MSP auxiliary occurrences.</b>
Create Requests or Inquiries	MSP Inquiry	Add a new Inquiry about a new or <b>possible MSP situation not yet documented at CWF.</b>
Create Requests or Inquiries	Prescription Drug Assistance Request	Add a new Assistance Request for <b>Part D information.</b>
Create Requests or Inquiries	Prescription Drug Inquiry	Add a new Inquiry about a possible <b>Prescription Drug situation not yet documented at MBD.</b>
Search for Requests or Inquiries	CWF Assistance Request	<ul style="list-style-type: none"> <li>• View a list of all CWF Assistance Requests submitted by the contractor</li> <li>• Check the progress of a CWF Assistance Request transaction</li> <li>• Delete CWF Assistance Requests that have not been processed by the COB.</li> <li>• View summary detail for a selected CWF Assistance Request transaction.</li> </ul>
Search for Requests or Inquiries	MSP Inquiries	<ul style="list-style-type: none"> <li>• View a list of all MSP Inquiries submitted by the contractor</li> <li>• Check the progress of an MSP Inquiry transaction.</li> <li>• Delete MSP Inquiry requests that have not been processed by the COB.</li> <li>• View summary detail for a selected MSP Inquiry transaction.</li> </ul>
Search for Requests or Inquiries	Prescription Drug Assistance Requests	<ul style="list-style-type: none"> <li>• View a list of all Prescription Drug Assistance Requests submitted by the contractor</li> <li>• Check the progress of a Prescription Drug Assistance Request transaction</li> <li>• Delete Prescription Drug Assistance Requests that have not been processed by the COB.</li> <li>• View summary detail for a selected Prescription Drug Assistance Request transaction.</li> </ul>

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Search for Requests or Inquiries	Prescription Drug Inquiries	<ul style="list-style-type: none"> <li>View a list of all Prescription Drug Inquiries submitted by the contractor.</li> <li>Check the progress of a Prescription Drug Inquiry transaction.</li> <li>Delete Prescription Drug Inquiry requests that have not been processed by the COB.</li> <li>View summary detail for a selected Prescription Drug Inquiry transaction.</li> </ul>
Reports	Contractor Workload Tracking	Review your contractor site’s workload (for Medicare contractors)
Reports	CMS Workload Tracking	Review contractor workloads (for CMS users)
Reports	Quality Assurance Surveillance Plan (QASP) Report	Review Inquiry, and Assistance request statistics (for CMS users)
Files	Upload File	Upload batch files for processing assistance requests and inquiries. <i>(Requires special user authority.)</i>
Files	Download Response File	Download responses to previously uploaded batch files, after transactions have been processed by COB. <i>(Requires special user authority.)</i>

## I.1 General Issues

### What are the operating hours for the ECRS Web application?

Attempts are made to have ECRS Web available at all times. However, certain portions of the application, such as HIMR, may only be available from 8 am until 5 pm EST. In addition, system maintenance is performed on Sundays, which also may affect availability.

### Do all contractors see the same exact information on ECRS Web, or does it vary from state to state?

ECRS Web information is restricted by contractor number and access code. Contractors can view information associated with other contractors if they the necessary contractor number and access code, in addition to a valid HICN.

### Can users print ECRS Web pages?

Yes, some pages can be printed by clicking the Print icon on that page.

## I.2 Inquiry and Assistance Request Issues

### **Are completed MSP Inquiries, CWF Assistance Requests, Prescription Drug Assistance Requests, and Prescription Drug inquiries purged?**

No, but there are origin date parameters on the Search pages that allow you to specify date ranges. The default, unless changed by the user, only shows transactions for the most recent 31 calendar days. You can search requests based on the following criteria:

- Contractor Number
- HICN
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

When searching by HICN, DCN, or SSN, Origin Date range is not required, and results include all contractors, not just your own.

### **Why can I only update or delete an Inquiry or Assistance Request while it is in NW (new) status?**

When an inquiry or assistance request is initially submitted, it has to wait until the batch application processes in the evening before changes or inquiries are actually processed.

During the time that the transaction sits in wait, it is considered to be in NW status. It is only during this time that you can delete or update a transaction, because it has not yet been processed.

### **Does a contractor need to send three separate Assistance Requests to delete three auxiliary records for the same beneficiary?**

Yes. When an assistance request is submitted with the Action Code of DO, the delete is automated within the system, so three separate requests must be submitted to assure all occurrences are deleted.

### **In the event a transaction is sent via ECRS Web through both an Assistance Request and an Inquiry option, does ECRS have an edit in place that will find these duplicate records?**

ECRS Web does not have an edit in place to detect this potential duplicate situation. However, an MSP Inquiry will reject with a reason code 87 when a duplicate record is present on the Case Coverage Database.

### **If a contractor has multiple contractor numbers, can they choose one to use consistently for Inquiries and Assistance Request transactions?**

Yes. You can use whatever contractor number is best for your work process.

**Can contractors delete an Inquiry once it has been entered and is later found to contain an error?**

Medicare contractors can delete an inquiry if they discover the error on the same day and the inquiry is in NW status. If the error is discovered after the inquiry has been processed, the contractor can submit a CWF Assistance Request (for MSP Inquiries), or a Prescription Drug Assistance Request (for Prescription drug Inquiries), or notify the BCRC.

**What action code should contractors use when they receive information regarding a termination date for a 77777 or 11102 record that is more than six months from the date of accretion?**

Select [**CWF Assistance Request**] under the heading Create Requests and Inquiries, from the Main Menu. On the Action Requested page, use ACTION TD, and enter the Termination Date on the CWF Auxiliary Record Data page.

**Does the Benefits Coordination & Recovery Center view the Comments fields on the Assistance Request Detail pages and the MSP Inquiry Detail page?**

On the Assistance Request Detail pages, the BCRC views the comments as necessary for each ECRS type as described on page 40. On the MSP Inquiry Detail page, the Comments field has been removed and replaced with additional Action and Reason codes.

## Appendix J: Excluded Diagnosis Codes for No-Fault Plan Type D

**Table J-1: Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type D**

<b>DX Code</b>	<b>Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
244	Postsurgical hypothyroidism
244.1	Other postablative hypothyroidism
244.2	Iodine hypothyroidism
244.3	Other iatrogenic hypothyroidism
244.8	Other specified acquired hypothyroidism
244.9	Unspecified acquired hypothyroidism
250	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled
250.1	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled
250.2	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled
250.3	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled
250.33	Diabetes with other coma, type II or unspecified type, uncontrolled
250.4	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled
250.5	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled

<b>DX Code</b>	<b>Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")</b>
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled
250.6	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled
250.7	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled
250.8	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled
250.9	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled
272	Pure hypercholesterolemia
272.1	Pure hyperglyceridemia
272.2	Mixed hyperlipidemia
272.3	Hyperchylomicronemia
272.4	Other and unspecified hyperlipidemia
272.5	Lipoprotein deficiencies
272.6	Lipodystrophy
272.7	Lipidoses
272.8	Other disorders of lipid metabolism
272.9	Unspecified disorder of lipid metabolism
285	Sideroblastic anemia
285.1	Acute posthemorrhagic anemia
285.21	Anemia in chronic kidney disease
285.22	Anemia in neoplastic disease
285.29	Anemia of other chronic disease

<b>DX Code</b>	<b>Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
285.3	Antineoplastic chemotherapy induced anemia
285.8	Other specified anemias
285.9	Anemia, unspecified
300	Anxiety state, unspecified
300.01	Panic disorder without agoraphobia
300.02	Generalized anxiety disorder
300.09	Other anxiety states
300.1	Hysteria, unspecified
300.11	Conversion disorder
300.12	Dissociative amnesia
300.13	Dissociative fugue
300.14	Dissociative identity disorder
300.15	Dissociative disorder or reaction, unspecified
300.16	Factitious disorder with predominantly psychological signs and symptoms
300.19	Other and unspecified factitious illness
300.2	Phobia, unspecified
300.21	Agoraphobia with panic disorder
300.22	Agoraphobia without mention of panic attacks
300.23	Social phobia
300.29	Other isolated or specific phobias
300.3	Obsessive-compulsive disorders
300.4	Dysthymic disorder
300.5	Neurasthenia
300.6	Depersonalization disorder
300.7	Hypochondriasis
300.81	Somatization disorder
300.82	Undifferentiated somatoform disorder
300.89	Other somatoform disorders
300.9	Unspecified nonpsychotic mental disorder
305.1	Tobacco use disorder
401.9	Unspecified essential hypertension
403	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
403.1	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
403.9	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
414	Coronary atherosclerosis of unspecified type of vessel, native or graft
414.01	Coronary atherosclerosis of native coronary artery
414.02	Coronary atherosclerosis of autologous vein bypass graft
414.03	Coronary atherosclerosis of nonautologous biological bypass graft
414.04	Coronary atherosclerosis of artery bypass graft
414.05	Coronary atherosclerosis of unspecified bypass graft
414.06	Coronary atherosclerosis of native coronary artery of transplanted heart
414.07	Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart
414.1	Aneurysm of heart (wall)
414.11	Aneurysm of coronary vessels
414.12	Dissection of coronary artery
414.19	Other aneurysm of heart
414.2	Chronic total occlusion of coronary artery
414.3	Coronary atherosclerosis due to lipid rich plaque
414.4	Coronary atherosclerosis due to calcified coronary lesion
414.8	Other specified forms of chronic ischemic heart disease
414.9	Chronic ischemic heart disease, unspecified
427.3	Atrial fibrillation
427.32	Atrial flutter
486	Pneumonia, organism unspecified
530.81	Esophageal reflux
530.82	Esophageal hemorrhage
530.83	Esophageal leukoplakia
530.84	Tracheoesophageal fistula
530.85	Barrett's esophagus

<b>DX Code</b>	<b>Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
530.86	Infection of esophagostomy
530.87	Mechanical complication of esophagostomy
530.89	Other specified disorders of esophagus
584.5	Acute kidney failure with lesion of tubular necrosis
584.6	Acute kidney failure with lesion of renal cortical necrosis
584.7	Acute kidney failure with lesion of renal medullary [papillary] necrosis
584.8	Acute kidney failure with other specified pathological lesion in kidney
584.9	Acute kidney failure, unspecified
585.1	Chronic kidney disease, Stage I
585.2	Chronic kidney disease, Stage II (mild)
585.3	Chronic kidney disease, Stage III (moderate)
585.4	Chronic kidney disease, Stage IV (severe)
585.5	Chronic kidney disease, Stage V
585.6	End stage renal disease
585.9	Chronic kidney disease, unspecified
599.0	Urinary tract infection, site not specified
599.1	Urinary tract infection, site not specified
599.2	Urethral diverticulum
599.3	Urethral caruncle
599.4	Urethral false passage
599.5	Prolapsed urethral mucosa
599.60	Urinary obstruction, unspecified
599.69	Urinary obstruction, not elsewhere classified
599.7	Hematuria
599.70	Hematuria, unspecified
599.71	Gross hematuria
599.72	Microscopic hematuria
599.81	Urethral hypermobility
599.82	Intrinsic (urethral) sphincter deficiency [ISD]
599.83	Urethral instability
599.84	Other specified disorders of urethra
599.89	Other specified disorders of urinary tract
599.9	Unspecified disorder of urethra and urinary tract

<b>DX Code</b>	<b>Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")</b>
784.0	Headache
799.9	Other unknown and unspecified cause of morbidity and mortality
3001	Hysteria
3002	Phobic Disorders
3008	Other Neurotic Disorders
4039	Unspecified Hypertensive Renal Disease
5996	Urinary Obstruction, Unspecified
5998	Other Specified Disorder of Urethra and Urinary Tract

**Table J-2: Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type D**

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")</b>
D62	Acute posthemorrhagic anemia
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D64.9	Anemia, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")</b>
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E71.30	Disorder of fatty-acid metabolism, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
E89.0	Postprocedural hypothyroidism
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F34.1	Dysthymic disorder
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")</b>
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety] without agoraphobia
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")</b>
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F48.1	Depersonalization-derealization syndrome
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F99	Mental disorder, not otherwise specified
G44.1	Vascular headache, not elsewhere classified
I10	Essential (primary) hypertension
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)</b>
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris

<b>DX Code</b>	<b>Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")</b>
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J86.0	Pyothorax with fistula
K21.9	Gastro-esophageal reflux disease without esophagitis
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
K23	Disorders of esophagus in diseases classified elsewhere
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy
N13.9	Obstructive and reflux uropathy, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.1	Chronic kidney disease, stage 1

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N36.0	Urethral fistula
N36.1	Urethral diverticulum
N36.1	Urethral caruncle
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.5	Urethral false passage
N36.8	Other specified disorders of urethra
N36.9	Urethral disorder, unspecified
N39.0	Urinary tract infection, site not specified
N39.8	Other specified disorders of urinary system
N39.9	Disorder of urinary system, unspecified
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.2	Other microscopic hematuria
R31.9	Hematuria, unspecified
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R51	Headache
R69	Illness, unspecified
R99	Ill-defined and unknown cause of mortality

## Appendix K: Acronyms

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**Table K-1: Acronyms**

Term/Acronym	Definition
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
CWF	Common Working File
DCN	Document Control Number
ECRS	Electronic Correspondence Referral System
EIN	Employer Identification Number
HICN	Health Insurance Claim Number
HIMR IACS	Health Insurance Master Record Individuals Authorized Access to CMS Computer Services
MBD	Medicare Beneficiary Database
MSP	Medicare Secondary Payer
RO	Regional Office
SSN	Social Security Number

## Appendix L: Previous Version Updates

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### Version 5.2

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

### Version 5.1

#### January Quarterly 2014

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

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

- Some ICD-9 and ICD-10 diagnosis codes cannot be submitted when the MSP record type is “D-Automobile Insurance, No Fault.” If you attempt to submit these codes, the following error message is displayed: “Diagnosis code [number] is invalid with insurer type of No- Fault” (Sections 3.3 and 4.3). For details, see Appendix J.

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- *File Upload* page: If you upload a file with an error in the Header or Trailer; or if it contains incorrect or invalid characters or has an incorrect record length, ECRS will display an error code and message (see Appendix H: Error Codes) (Section 8.5).
- ECSR no longer requires the prescription drug BIN field to be populated on a *Prescription Drug Assistance Request* when the action code “BN” (Develop for RX BIN) is selected (Chapter 5). However, the BIN field is required when the Coverage Type of the request is “U” (Drug Network) and the Action Code is not “BN” (Chapter 6).

### Version 5.0

- Changes regarding International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) diagnosis codes
  - Beginning with dates of service on and after October 1, 2014, CMS will adopt the ICD-10-CM for diagnosis coding. ICD-10-CM codes are alphanumeric and contain 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM. The conversion from the 9th to the 10th Edition of ICD diagnosis codes requires changes to ECRS.
  - ECRS *file submitters* have been provided with two new *test* record layouts, one for MSP Inquiry transactions and one for CWF Assistance Request transactions, which **must be used when submitting test files on or after October 1, 2013** even if the submitter is not testing ICD-10-CM changes.

- The new test MSP Inquiry and CWF Assistance Request record layouts were created from the existing production MSP Inquiry and CWF Assistance Request record layouts. The original layouts were modified to allow for the collection of ICD-10-CM codes: A summary of the modifications are listed below:
  - The number of diagnosis codes collected has increased from 5 to 20.
  - Each diagnosis code has increased in size from 5 to 7 bytes.
  - Each diagnosis code has a one byte indicator associated to it that identifies the code as ICD-9-CM or ICD-10-CM.
  - The area of the record layout currently used to store the 5 byte diagnosis codes has been converted to filler.
  - The new diagnosis codes and their associated diagnosis indicator have been added to the filler area at the end of the MSP Inquiry and CWF Assistance Request record layouts.
  - The new MSP Inquiry and CWF Assistance Request Record Layouts **must be used** to submit production files as of **January 1, 2014**.
- ECRS *file submitters* that send test MSP Inquires and/or CWF Assistance Request transactions in a flat file will receive new test Response Files. The new test Response Files were created using the existing production MSP Inquiry and CWF Assistance Request Response File record layouts. The original layouts were modified to allow for the return of error codes related to the new diagnosis code collection structure.
- ECRS Web has been modified to display and allow entry of up to 20 diagnosis codes and their associated indicator (ICD-9-CM or ICD-10-CM).
- The list of valid values that will be accepted in the Insurance Type and New Insurance Type fields on the MSP Inquiry has been modified to only allow the following types: A (Insurance or Indemnity – Other Types), J ( Hospitalization only plan covering inpatient hospital), and K (Medical Service only plan covering non-inpatient medical).
  - New Error Code PE0Q will be returned on MSP Inquiries that are submitted with an Insurance Type other than "A", "J", "K", "R", "S", or blank.
- Appendix G (File Layouts) has been reformatted with headers to identify the record layout that is displayed.
- Appendix H (Error Codes) has been revised with the new Error Codes that will be received when submitting invalid ICD Indicators and/or invalid diagnosis codes. These Error Codes will be received on test file MSP Inquiry and CWF Assistance Request file submissions beginning 10/1/2013. These Error Codes will be returned on all MSP Inquiry and CWF Assistance Request file submissions as of 10/1/2014.