

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11069	Date: October 21, 2021
	Change Request 12484

SUBJECT: ECRS Updates to the Prescription Drug Assistance Request (PDAR) Fields; Medicare Secondary Payer Future Date Fields; Electronic File Transfer Naming Convention; Updated ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type D and the Addition of Reason Code 94

I. SUMMARY OF CHANGES: This change request (CR) informs the Medicare Administrative Contractors (MACs) of various modifications to the Electronic Correspondence Referral System (ECRS) Web User Guide. Changes have been made to accommodate Medicare entitlement records with effective dates three (3) months into the future. Prescription Drug Assistance Request (PDAR) fields have been updated to accommodate specific action codes. Prescription Drug Inquiries (PDIs) with no response or development in over 90 days have been assigned reason code 94. Due to the required yearly maintenance, the excluded ICD-10 codes have been updated and the Electronic File Transfers (EFT) inbound and outbound file naming convention has been updated.

EFFECTIVE DATE: October 4, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: November 22, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/10/10.2/Attachment 1 - ECRS Web User Guide, Software Version 6.7
R	5/10/10.2/Attachment 2 - ECRS Web Quick Reference Card, Version 2021/1 October

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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IMPLEMENTATION DATE: November 22, 2021

I. GENERAL INFORMATION

A. Background: This change request (CR) informs all Medicare Administrative Contractors (MACs) of modifications to the (ECRS) Web application.

Because Medicare entitlement dates may be prospective, CMS has decided to allow Medicare Secondary Payer (MSP) primary reporting entities to submit MSP occurrences with effective dates up to three (3) months in the future. Within ECRS, this will affect the records and related error codes for the Common Working File (CWF) Assistance Requests, MSP Inquiries, Prescription Drug Inquiries (PDIs) and Prescription Drug Assistance Requests (PDARs).

In preparation for the MSP future effective date changes and to add clarity to the data element to be reported, CMS has renamed two fields as part of the Prescription Drug Assistance Request (PDAR) within ECRS as follows: The Effective Date field is being renamed the “COB Effective Date,” and the New Effective Date is being renamed the “New COB Effective Date.” CMS will be changing these fields to accept other insurance effective dates up to three months in the future for GHP record Types A, B, and G and when the beneficiary is currently enrolled in a Part D plan or the beneficiary will be enrolled in a Part D plan within the next three months. For NGHP MSP record Types D, E, L, H, and W, the COB Effective Date can be in the future for the beneficiary as long as the beneficiary’s Part D enrollment start date is in the future and/or the future COB Effective Date equals the Part D start date. To ensure additional clarity around the sharing of coverage dates for other non-Medicare prescription drug coverage, CMS is changing the Effective Date field to the “Effective Date of Other Coverage” that is reported as part of PDAR. This field will continue to capture the effective date of the other drug insurance coverage. Additionally, the New Effective Date field that is used as part of PDAR has been modified to the “New Effective Date of Other Drug Coverage” and will continue to provide the new effective date of other drug coverage. To identify a Part D or Part C submitter, CMS has created the Submitter Type field. (Chapter 5, Appendix C, Prescription Drug Assistance Request Detail Record, and Appendix H).

CMS has created a new Reason Code 94 in response to PDIs in development for more than 90 days with no response or update (Appendix E).

Excluded ICD-10 diagnosis codes for No-Fault Plan Insurance, Type D table has been updated for Fiscal Year 2022 (Appendix J).

As part of the CMS's commitment to the modernization of the Coordination of Benefits & Recovery (COB&R) operating environment, CMS has updated the inbound and outbound file naming conventions for the CMS Electronic File Transfer (EFT). (Section 8.4).

B. Policy: All A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) shall use the 6.7 version of the ECRS Web User Guide

when submitting ECRS requests.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12484.1	All MACs shall use the 6.7 version of the ECRS Web User Guide once released.	X	X	X	X					BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12484.2	All MACs shall be aware that with the version 6.7 update, the PDAR COB Effective Date and the New COB Effective Date fields can now accommodate dates up to 3 months in the future.	X	X	X	X					BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12484.3	All MACs shall be aware that with the version 6.7 update, Prescription Drug Inquiries (PDIs) which remain in development for more than 90 days with no response will be assigned Reason Code 94.	X	X	X	X					BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12484.4	All MACs shall be aware that the Electronic File Transfer (EFT) field naming conventions for inbound and outbound files have been changed. (See Section 8.4 of the User Guide for more information.)	X	X	X	X					BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12484.5	All MACs shall be aware that CMS has updated the excluded ICD-10 diagnosis listing as part of version 6.7 of the ECRS Web User Guide.	X	X	X	X					BCRC, BCRS, CRC, MSPIC, MSPSC, RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vanessa Jackson, 410-786-3276 or Vanessa.Jackson@cms.hhs.gov , Brian Pabst, Brian.Pabst@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0



Electronic Correspondence Referral System on the Web (E CRS Web) User Guide

Version 6.7

Rev. 2021/4 *October*
COBR-Q4-2021-v6.7

Confidentiality Statement

The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.

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Chapter 1: Summary of Version 6.7 Updates

The following updates have been made in Version 6.7 of the Electronic Correspondence Referral System (ECRS) Web User Guide:

For clarification, the Prescription Drug Assistance Request (PDAR) field names have been updated to the following: COB Effective Date, New COB Effective Date, Effective Date of Other Drug Coverage, and New Effective Date of Other Drug Coverage (Chapter 5, Appendix C, Prescription Drug Assistance Request Detail Record, and Appendix H).

Because prospective Medicare entitlement records can have effective dates up to three months in the future, the Medicare Secondary Payer (MSP) Effective Date field will now accept dates up to three months in the future without rejection. For ECRS, this affects records and related error codes for the Common Working File (CWF) Assistance Requests, MSP Inquiries, Prescription Drug Inquiries (PDIs), and PDARs (changes throughout guide).

The CMS EFT file-naming conventions for inbound and outbound files have been updated (Section 8.4).

The excluded ICD-10 diagnosis codes for No-Fault Plan Insurance Type D have been updated for FY 2022 (Appendix J).

Reason Code 94 has been added when a PDI is closed for no response or no update (Appendix E).

Chapter 2: Introduction

This chapter contains an introduction to the Electronic Correspondence Referral System (ECRS) Web User Guide.

2.1 What is ECRS?

Note: Please see the Confidentiality and Disclosure of Information statement on the inside of the title page regarding the appropriate handling of information contained in ECRS.

ECRS allows authorized users at Medicare contractor sites and authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, and inquiries concerning possible MSP coverage. Transactions are automatically stored on the Coordination of Benefits (COB) contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status of each transaction is updated as it moves through the system.

Transactions are entered and viewed in ECRS by contractor number. An organization with more than one contractor number must determine how it wants to group its activity. If the organization wants to see all records together, it should use only one contractor number for all ECRS activities. If the organization wants to distinguish the transactions by contract, it should use its different contractor numbers.

2.2 ECRS Web CBTs

Register for Computer-Based Training (CBT) courses by sending an email to LMS@nhassociates.com. Specify that you are requesting the ECRS Web CBT curriculum. Once your request is processed, an email notification containing the instructions for accessing the course will be sent to you.

2.3 About this Guide

This guide was written to help you understand the Electronic Correspondence Referral System (ECRS) for the web. Chapter 1, Summary of User Guide Updates, provides an overview of all significant revisions to this version of the ECRS Web User Guide.

Chapter 2: *Introduction*, is the section you are reading now. It contains information about how to use the guide. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire introduction before reading the rest of the guide.

Chapter 3: *CWF Assistance Request Transactions*, contains step-by-step instructions for performing CWF assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 4: *MSP Inquiry Transactions*, contains step-by-step instructions for performing MSP inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 5: *Prescription Drug Assistance Request Transactions*, contains step-by-step instructions for performing prescription drug assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 6: *Prescription Coverage Inquiry Transactions*, contains step-by-step instructions for performing Prescription Coverage inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 7: *Workload Tracking Reports*, details how to run and display the tracking report for Medicare contractors, as well as CMS and Regional Office (RO) users.

Chapter 8: *Uploading & Downloading Files*, contains step-by-step instructions for uploading assistance request and inquiry files to ECRS Web, as well as downloading response files.

Chapter 9: *Remote ID Proofing (RIDP) and Multi-Factor Authentication (MFA)*, contains step-by-step instructions for completing these identity verification processes.

Appendices A, B, C, and D are *Required Data Reference* tables that provide a quick way to determine the data required for completing assistance requests and inquiries.

Appendix E: *Reason Codes*, lists all possible reason codes that are available in ECRS Web.

Appendix F: *CWF Remark Codes*, lists all possible remark codes that can be entered on the first page of CWF assistance requests.

Appendix G contains *File Layouts*, which outlines how files must be formatted to be successfully uploaded to ECRS Web.

Appendix H lists all possible error codes that may be returned on a transaction response file, along with their descriptions.

Appendix I: *Frequently Asked Questions*, contains a list of common questions about ECRS Web, along with the corresponding answers.

Appendix J: *Excluded Diagnosis Codes for No-Fault Plan Type D*, contains a list of excluded ICD-9 diagnosis codes for the No-Fault Plan Insurance Type D.

Appendix K defines terms and acronyms associated with ECRS.

Appendix L describes the changes made to previous releases.

2.4 How to Use the Required Data Reference Tables

The reference tables in Appendices A, B, C, and D list the page names associated with completing an assistance request or inquiry. Below each page name are the data fields on the page. Across from each field, there is a Y or N, indicating if the field is required. The *Notes* column dictates when that field is required, if applicable. If the field is marked as required, and the *Notes* column is blank, then the field is required in all circumstances. If the field is marked as required, and there is information in the *Notes* column, that indicates that the field is only required in the situations listed.

2.5 User Guide Conventions

This section explains how information appears in the guide. Understanding the conventions will help you to better understand the tasks and web page explanations.

Information that links/navigates to other information within the application appears in bold typeface. For example, in the following instruction, “click **Continue**,” **Continue** is in bold typeface because you must click on that link to go to the next page.

System messages appear in CAPITAL LETTERS. For example: The system shows the message, “SSN NOT ENTERED.”

Application web page examples are representative of the pages that you see within the ECRS web. The actual information may not be the same, unless otherwise noted in the guide.

Pointers throughout the guide can help you locate information. The guide includes a master Table of Contents in the front, and smaller Tables of Contents at the beginning of the chapters. In addition, headers and footers can be used to determine where you are in the guide.

2.6 Basic Functions

2.6.1 IDM Registration and ECRS Access

Individuals who require access to the ECRS web must first register and create an account through the CMS Identity Management (IDM) system on the CMS Enterprise Portal: <https://portal.cms.gov>. Additionally, new users must complete the Remote Identity Proofing (RIDP) process and set up Multi-Factor Authentication (MFA) (see Chapter 9). Once these steps are done, you can then log in and request access to the ECRS application and role.

Former EIDM users with an active ECRS account (valid login ID, password, and an application role) and who have completed RIDP can go directly to the CMS Enterprise Portal and log in. You will need to authenticate initially (using MFA) by email (system default) and then set up one challenge question and answer. This allows you access to the self-service account recovery features. See Chapter 9 for details.

2.6.2 ECRS Login

To log into ECRS, you must have completed registration and the RIDP process as described above. You will also need to have a contractor number and access code. If you have a contractor number but need assistance obtaining an access code, please contact ECRSHELP@ehmedicare.com.

1. Go to the ECRS URL: <https://www.cob.cms.hhs.gov/ECRS>

The CMS Portal login page appears (Figure 2-1).

2. Enter your user ID and password.
3. Click and read the **Terms & Conditions**; then click the **Agree to our Terms & Conditions** checkbox.

Note: If you forgot your password or need to unlock your account, see Chapter 9 for details.

The MFA verification page appear (Figure 2-2).

Figure 2-1: IDM Login with Terms and Conditions

Figure 2-2: IDM Login with Multi-Factor Authentication

4. If you have more than one security device registered, select your device from the *MFA* drop-down menu.
5. Click the button to send the security code (example: **Send email**).
6. Enter the code in the text box.

7. Check (or uncheck) “Do not challenge me on this device....”

Checking this option allows you to log out, close your browser, and log back in using only your username and password. No MFA is required for 30 minutes.

8. Click **Verify** to continue.


The ECRS *Federal Systems Login Warning* page appears.

9. Read the Federal Systems Login Warning and click **I Accept** at the bottom of the page.

The system displays the *ECRS Contractor Sign In* page.

Figure 2-3: ECRS Federal Systems Login Warning

Federal System Login Warning

 [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

This Web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators will be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

Privacy Act Statement

The collection of this information is authorized by 42 U.S.C. 1395y(b)(7) & (8). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged for the purposes of complying with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395kk(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The Responsible Reporting Entity (RRE) and its duly authorized agent for this Section 111 reporting, if any, shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by CMS. I agree that the only entities authorized to have access to the data are CMS, the RRE or its authorized agent for Mandatory Reporting. RREs must ensure that agents reporting on behalf of multiple RREs will segregate data reported on behalf of each unique RRE to limit access to only the RRE and CMS and the agent. Further, RREs must ensure that access by the agent is limited to instances where it is acting solely on behalf of the unique RRE on whose behalf the data was obtained. I agree that the authorized representatives of CMS shall be granted access to premises where the Medicare data is being kept for the purpose of inspecting security arrangements confirming whether the RRE and its duly authorized agent, if any, is in compliance with the security requirements specified above. Access to the records matched and to any records created by the matching process shall be restricted to authorized CMS and RRE employees, agents and officials who require access to perform their official duties in accordance with the uses of the information as authorized under Section 111 of the MMSEA of 2007. Such personnel shall be advised of (1) the confidential nature of the information; (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Figure 2-4: Contractor Lookup/Sign In Page

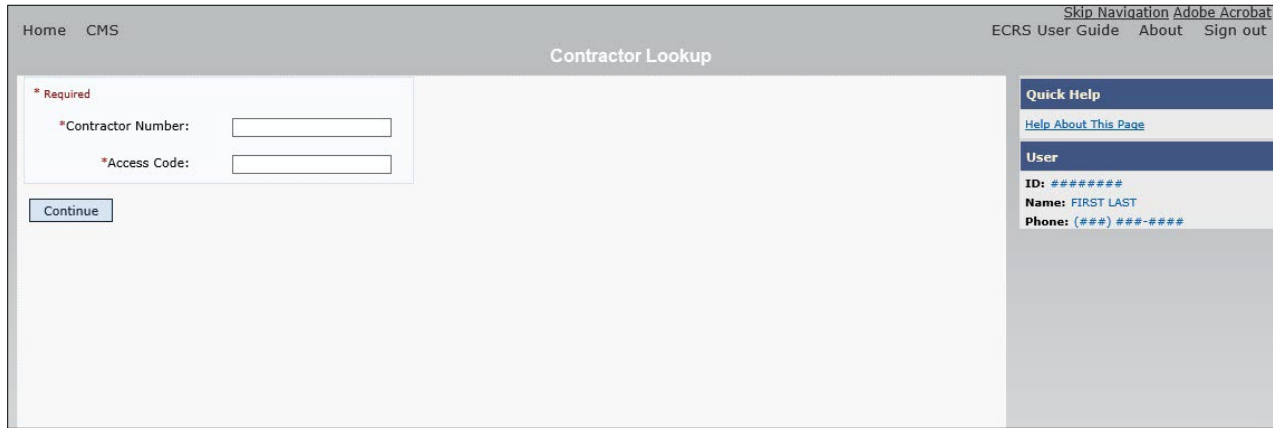


Table 2-1: Navigation

Link	Description
HOME	Click to return to the <i>Main Menu</i> page.
CMS	Click to link to the CMS website https://www.cms.gov .
Adobe Acrobat	Click to open a link to download Acrobat Reader.
ECRS User Guide	Click to access this user guide.
ABOUT	Click to see information about the ECRS Web menu options.
SIGN OUT	Click to leave the ECRS Web application. The system returns you to the <i>CMS Access Management Logon</i> page.

Table 2-2: Contractor Lookup

Field	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors. Or Group Health Incorporated (GHI), CMS, or Regional Office (RO) identification number. <i>Required field</i> for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by the BCRC. <i>Required field</i> for contractors. Or Five-character authorization code for GHI, CMS, and RO users. <i>Required field</i> for GHI, CMS, and RO users.
SUBMITTER TYPE	Type of submitter. Select “Part C” or “Part D.” Note: This field appears for users who can submit Part C or Part D data, after the CONTRACTOR NUMBER and ACCESS CODE fields have been populated.
ECRS MESSAGES	Location of messages for ECRS web users to keep them informed of upcoming events, maintenance, or other system-specific information.
CONTINUE	Command button. Click to navigate to the <i>Main Menu</i> page.

Contractor Lookup Page - Right Side Bar

The right side bar of the *Contractor Lookup* Page is divided into two sections: Quick Help and User.

1. Enter the appropriate values in the CONTRACTOR NUMBER and ACCESS CODE fields.
 For users who can submit Part C or Part D data, the *Contractor Sign-In* page reappears, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field shown and enabled.
2. Select a Submitter Type.
3. Click the **Continue** button. The *Main Menu* page appears (Figure 2-5).

Table 2-3: Right Side Bar – Quick Help

Quick Help	Description
Help About This Page	Click to see helpful information for completing the page.

Table 2-4: Right Side Bar – User

Field	Description
ID	User ID of person logged in. (<i>protected field</i>)
NAME	Name of person associated with the user ID. (<i>protected field</i>)
PHONE	Phone number associated with the user ID. (<i>protected field</i>)

2.6.3 Main Menu

The *Main Menu* page is the home page for the ECRS Web application (Figure 2-5). Select the tasks you want to perform from this page. Click on a link to access information in ECRS.

The ECRS *Main Menu* is divided into four sections: Create Requests or Inquiries, Search for Requests or Inquiries, Reports, and Files. Each section includes various navigation links that will direct you to the applicable ECRS web page (Table 2-5).

Figure 2-5: Main Menu

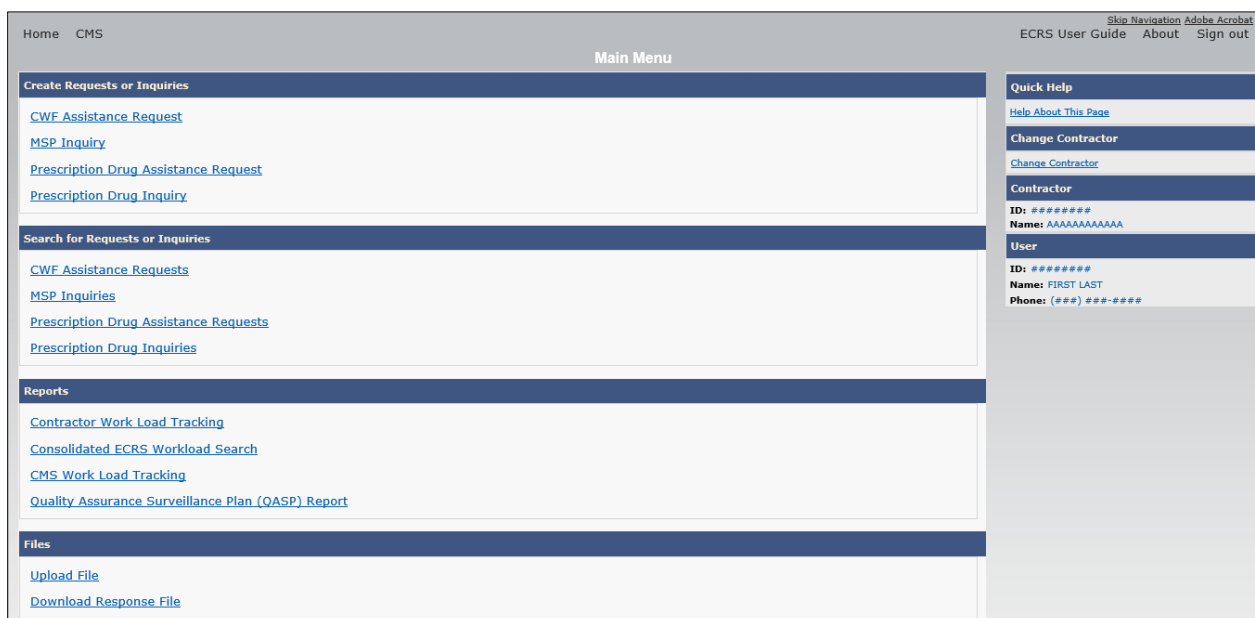


Table 2-5: Main Menu

Link	Description
CREATE REQUESTS OR INQUIRIES	-
CWF ASSISTANCE REQUEST	Click CWF Assistance Request to enter a new CWF Assistance Request.
MSP INQUIRY	Click MSP Inquiry to enter a new MSP Inquiry.
PRESCRIPTION DRUG ASSISTANCE REQUEST	Click Prescription Drug Assistance Request to enter a new Prescription Drug Assistance Request. Note: This field appears for users who can submit Part C or Part D data.
PRESCRIPTION DRUG INQUIRY	Click Prescription Drug Inquiry to enter a new Prescription Drug Inquiry.
SEARCH FOR REQUESTS AND INQUIRIES	-
CWF ASSISTANCE REQUESTS	Click CWF Assistance Requests to enter search criteria to locate a CWF Assistance Request.
MSP INQUIRIES	Click MSP Inquiries to enter search criteria to locate an MSP Inquiry.
PRESCRIPTION DRUG ASSISTANCE REQUESTS	Click Prescription Drug Assistance Requests to enter search criteria to locate a Prescription Drug Assistance Request.
PRESCRIPTION DRUG INQUIRIES	Click Prescription Drug Inquiries to enter search criteria to locate a Prescription Drug Inquiry.
REPORTS	-
CONTRACTOR WORKLOAD TRACKING	Click Contractor Workload Tracking to select criteria and view the workload tracking report for your contractor.
CONSOLIDATED ECRS WORKLOAD SEARCH	Click the Consolidated ECRS Workload Search to enter search criteria to verify receipt and status of all submitted requests.
CMS WORKLOAD TRACKING	Click CMS Workload Tracking to select criteria and view the workload tracking report for contractors. Note: Restricted to CMS and Regional Offices
QUALITY ASSURANCE SURVEILLANCE PLAN (QASP) REPORT	Click Quality Assurance Surveillance Plan (QASP) Report to select criteria and view the QASP report. Note: Restricted to CMS and Regional Offices
FILES	-
UPLOAD FILE	Click Upload File to upload ECRS transaction files. Note: File Upload and Download are restricted to selected users. Contact the EDI Help Desk at (646) 458-6740 for additional information.
DOWNLOAD RESPONSE FILE	Click Download Response File to download the ECRS response files. Note: File Upload and Download are restricted to selected users. Contact the EDI Help Desk at (646) 458-6740 for additional information.

2.6.4 Navigation Links

The following navigation links appear on each page that is opened from the *Main Menu*.

Table 2-6: Navigation

Link	Description
HOME	Returns to the <i>Main Menu</i> page.
CMS	Links to the CMS website https://www.cms.gov/ .
ABOUT	Shows information about the ECRS Web menu options.
SIGN OUT	Exits the ECRS web application.

Table 2-7: Left Side Bar

Link	Description
ACTION REQUESTED	Goes to the <i>Action Requested</i> page.
CWF AUXILIARY RECORD INFORMATION	Goes to the <i>CWF Auxiliary Record Data</i> page.
INFORMANT INFORMATION	Goes to the <i>Informant Information</i> page.
INSURANCE INFORMATION	Goes to the <i>Insurance Information</i> page.
EMPLOYMENT INFORMATION	Goes to the <i>Employment Information</i> page.
ADDITIONAL INFORMATION	Goes to the <i>Additional Information</i> page.
COMMENTS/REMARKS	Goes to the <i>Comments/Remarks</i> page.
SUMMARY	Goes to the <i>Summary</i> page.

The right side bar shows four to six sections of links and fields, as well as different link combinations, depending on the page.

For some pages, beneficiary and DCN Information is retrieved from the system using the Medicare ID entered on the *Action Requested* page (Section 3.2). The Medicare ID can be either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI). This information is then carried forward on subsequent pages opened from the *Main Menu*, and it will appear on the right side bar. This information will not be editable.

Table 2-8: Right Side Bar

Link	Description
QUICK HELP	-
Help About This Page	Click Help About this Page to see helpful information for completing the page.
CHANGE CONTRACTOR	-
Change Contractor	Click the link to change the contractor number and access code on the <i>Contractor Sign In</i> page. Note: You will lose all unsubmitted data for the current contractor.
CONTRACTOR	-
ID	Contractor number or CMS ID entered on <i>Contractor Sign In</i> page (<i>protected field</i>).
Name	Name of contractor associated with the contractor number, or Regional Office associated with the CMS ID (<i>protected field</i>).

Link	Description
USER	-
ID	User ID of person logged in (<i>protected field</i>).
Name	Name of person associated with user ID (<i>protected field</i>).
Phone	Phone number associated with the user ID (<i>protected field</i>).
BENEFICIARY	-
Medicare ID	HICN or MBI of the beneficiary (<i>protected field</i>).
SSN	Social Security Number of the beneficiary (<i>protected field</i>).
Name	Name of the beneficiary (<i>protected field</i>).
Address	Street address of the beneficiary (<i>protected field</i>).
City, State	City and State associated with the street address of the beneficiary (<i>protected field</i>).
Zip	ZIP code associated with street address of beneficiary (<i>protected field</i>).
Sex	Gender of the beneficiary (<i>protected field</i>).
DOB	Date of birth of the beneficiary (<i>protected field</i>).
DCN	-
ID	Document control number (DCN) assigned by the contractor to correspondence or paperwork associated with a transaction (<i>protected field</i>).
Origin Date	Date CWF Assistance Request transaction was submitted (<i>protected field</i>).
Status	<p>Two-character code explaining where the CWF Assistance Request transaction is in the COB system process (<i>protected field</i>).</p> <p>CM: Completed DE: Delete (do not process ECRS CWF Assistance Request) HD: Hold, individual not yet a Medicare beneficiary IP: In process, being edited by COB NW: New, not yet read by COB</p> <p>Note: STATUS will always be NW until the transaction is processed.</p>
Reason	<p>Two-character code explaining why the CWF Assistance Request is in a particular status (<i>protected field</i>).</p> <p>Note: REASON will always be 01 until the transaction is processed.</p>

Chapter 3: CWF Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a CWF assistance request. Examples and explanations are provided for each page in ECRS. If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the CWF assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

3.1 Adding a CWF Assistance Request Transaction

Use the **CWF Assistance Request** link under Create Requests or Inquiries on the *Main Menu*, to add CWF Assistance Request transactions for existing CWF MSP auxiliary occurrences.

To submit an inquiry to the Benefits Coordination & Recovery Center (BCRC) about a new or possible MSP situation not yet documented at CWF, use the **MSP Inquiry** link on the *Main Menu*.

3.1.1 Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when the Medicare ID (HICN or MBI) and other required data is entered and saved on the first page of the CWF Assistance Request (Action Requested page). The information appears on the right side bar, and is carried forward on the CWF Assistance Request transaction.

3.1.2 Action Codes

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP auxiliary occurrence. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF.

For CWF Assistance Request transactions, you are required to enter at least one ACTION, but you have the ability to enter a maximum of four codes. For MSP inquiries, you are not required to enter any ACTIONS. Table 3-1 lists all action codes available in ECRS Web.

If you type information in a field (for example, TERMINATION DATE), but you do not type the corresponding ACTION (for example, TD) in the ACTION field, the system will not update that information on the MSP auxiliary occurrence at CWF.

Finally, selected action codes have been automated to prevent you from requesting updates to current records on the *CWF Assistance Request Auxiliary Record* and the *Prescription Drug Assistance Request* pages (either via flat file or online data entry), if certain conditions are met. If these codes are used, you will receive an immediate reply and the update request will be denied. See Sections 3.3.1 and 5.2.2.

Table 3-1: Action Codes

Description	Action Code
Change Attorney Information	AI
Add Policy and/or Group Number	AP
Add CWF Remark Codes	AR
Develop for Prescription BIN	BN
CMS Grouping Code	CA
Date of Injury/Date of Loss Changes	CD
Closed or Settled Case	CL
Incorrect ESRD Coordination Period	CP
Change Termination Date	CT
Change Prescription Values (BIN, Group, PCN)	CX
Develop to the Attorney	DA
Develop to the Diagnosis Code	DD
Develop for Employer Information	DE
Develop for Insurer Information	DI
Mark Occurrence for Deletion	DO
Investigate Closed or Deleted Record	DR
Develop For Termination Date	DT
Change Diagnosis Code	DX
Change Employer Address	EA
Change Effective Date	ED
Develop for Effective Date	EF
Change Employer Information	EI
Employer Size Below Minimum	ES
Develop for Group Number	GR
Investigate/Possible Duplicate for Deletion	ID
Change Insurer Information	II
Change Insurance Type	IT
Add No-Fault to Liability Record	LR
Change MSP Type	MT
SSN/Medicare ID Mismatch	MX
Create Duplicate No-Fault Record	NR
Update Prescription Person Code	PC
Change Pre-Paid Health Plan (PHP) Date	PH
Develop for/add PCN	PN

Description	Action Code
Change Patient Relationship	PR
Add Termination Date	TD
Update A Record For A Vow Of Poverty	VP
Notify COB Of Updates To WCMSA Cases	WN

3.2 Action Requested Page

The *Action Requested* page is the first page to appear when adding a new CWF Assistance Request. The information entered on this page determines required information on subsequent pages.

1. From the *Main Menu* page, click the **CWF Assistance Request** link under Create Requests or Inquiries. The *Action Requested* page and navigation links appear (Figure 3-1).
2. Type/select data in all of the required fields on the *Action Requested* page, and click the **Continue** button. Required fields are noted with a red asterisk (*) and are as follows:
 - DCN
 - MEDICARE ID
 - ACTIVITY CODE
 - ACTION
 - SOURCE

Notes: For information on importing HIMR MSP Data for CWF Assistance Requests, see Figure 3-2. If beneficiary information is not found for the Medicare ID you have entered, you will not be able to continue the CWF Assistance Request.

3. After all relevant fields have been entered, click **Continue** to go to the *CWF Auxiliary Record Data* page, or select a page link from the left side bar.
4. If you selected to import HIMR MSP data, clicking **Continue** shows the *HIMR MSP Data List* (Figure 3-2).
5. To exit the *CWF Assistance Request Detail* pages, click the **Home** link to return to the *Main Menu* or click **Sign Out** to exit the application.

Figure 3-1: CWF Assistance Request Action Requested

The screenshot shows a web application interface for 'CWF Assistance Request Action Requested'. The main content area contains several required fields:

- *DCN: [Text Input]
- *Medicare ID: [Text Input]
- *Activity Code: [Dropdown Menu]
- *Action: [Dropdown Menu]
- [Dropdown Menu]
- [Dropdown Menu]
- [Dropdown Menu]
- *Source: [Dropdown Menu]

 Below these fields is a section for 'Import HIMR MSP Data' with radio buttons for 'Yes' and 'No'. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a sidebar with 'Quick Help' (including a 'Help About This Page' link), 'Change Contractor' (with a 'Change Contractor' link), and 'Contractor' information (ID: #####, Name: AAAAAAAAAAAAAA). Below that is 'User' information (ID: #####, Name: FIRST LAST, Phone: (###) ###-####).

Table 3-2: CWF Assistance Request Action Requested

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>). The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN) of the beneficiary (<i>required field</i>). Enter the ID without dashes, spaces, or other special characters.
ACTIVITY CODE	Activity of the contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code defining the action to take on the MSP auxiliary occurrence at CWF (<i>required field</i>). Notes: Enter up to four Actions unless the CWF Assistance Request is to: <ul style="list-style-type: none"> • Delete occurrence (DO) • Redevelop a deleted CWF record (DR) • Investigate/ possible duplicate for deletion (ID) • Note a vow of poverty (VP) • Develop for Employer Information (DE) • Develop for Insurer Information (DI) You cannot combine these six Actions with any other Actions. Action MT only applies when supplemental type is Primary.

Field	Description
SOURCE	Four-character code identifying source of the information (<i>required field</i>). Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey
IMPORT HIMR MSP DATA	Defaults to Yes, but can be changed to No. See the next section for more information.
CONTINUE	Command button. Click to go to the next page. Note: All required fields must be populated before clicking Continue .
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

3.2.1 Importing HIMR MSP Information for CWF Assistance Requests

Importing HIMR MSP data allows you to retrieve HIMR BENA and MSPD screens at each host site. The system then transfers that information to the *CWF Assistance Request Detail* pages and populates the associated fields.

Follow the steps below to import HIMR MSP data for a new CWF Assistance Request.

Note: The HIMR application may be inconsistent after 5 p.m. EST.

1. From the *Action Requested* page, which is the first page of the CWF Assistance Request, type/select all relevant fields, set Import HIMR MSP Data to “Yes,” and click **Continue**.

The system retrieves all aux record numbers associated with the Medicare ID, and shows their MSP data on the *HIMR MSP Data List*.

2. To select HIMR MSP data and transfer it to the *CWF Assistance Request Detail* pages, click the AUX REC # link next to that record. Note: Only records with a validity indicator of Y can be selected.

The system pre-populates certain fields through the CWF assistance request process.

Figure 3-2: HIMR MSP Data List

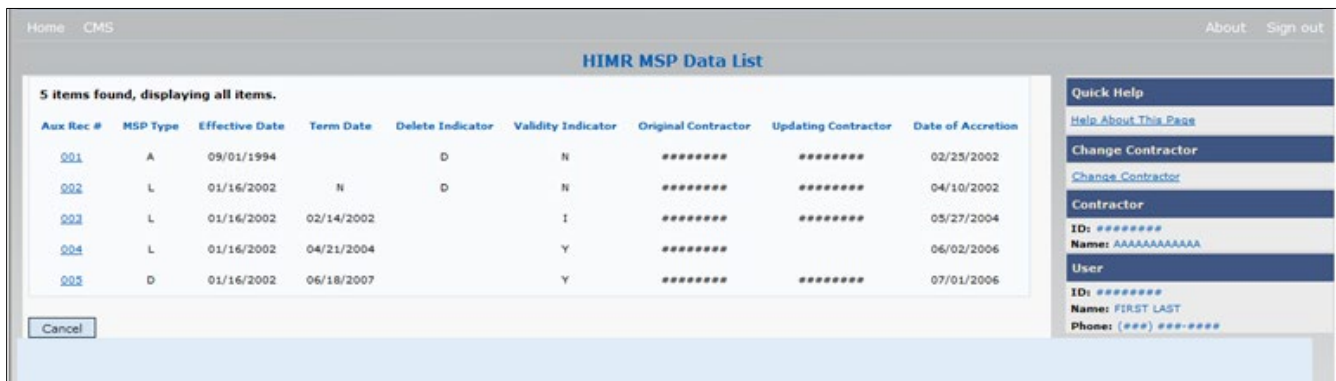


Table 3-3: HIMR MSP Data List

Field	Description
AUX REC #	Record number of the MSP auxiliary occurrence in CWF. Click to select the record and transfer the data to the <i>CWF Auxiliary Record Data</i> page.
MSP TYPE	Description of the MSP coverage 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 I Veterans L Liability W Workers' Compensation Medicare Set Aside
EFFECTIVE DATE	Effective date of the MSP coverage.
TERM DATE	Termination date of the MSP coverage.
ORIGINAL CONTRACTOR	Contractor number of the contractor that created the original MSP occurrence at CWF.
DELETE INDICATOR	Indicates if the record has been deleted. Valid values are: D Deleted Blank Not Deleted
VALIDITY INDICATOR	Indicates if the record is active. Valid values are: I Under Development Y MSP Coverage Confirmed N No MSP Coverage
UPDATING CONTRACTOR	Contractor number of the contractor that most recently updated the MSP occurrence.
DATE OF ACCRETION	Accretion date of MSP coverage in MMDDCCYY format.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

Table 3-4: CFW Assistance Request: Pre-Populated Fields

Page	Pre-Populated Fields
CWF AUXILIARY RECORD DATA	MSP Type Patient Relationship Auxiliary Record # Originating Contractor Effective Date Termination Date Accretion Date
INSURANCE INFORMATION	Insurance Company Name Address City State ZIP Insurance Type Group Number Policy Number Subscriber Name
ADDITIONAL INFORMATION	Diagnosis Codes

Refer to the following for additional actions:

Table 3-5: More on Importing HIMR Records

If you...	Follow these steps:
Don't get a list of HIMR records	<ol style="list-style-type: none"> 1. Check to make sure the Medicare ID entered is correct. 2. Check the time. The HIMR application may be unavailable before 8 a.m. and after 5 p.m. EST.
Want to use this imported information	<ol style="list-style-type: none"> 1. Change information in any of the fields by typing the correct information over the imported information, if necessary. 2. Continue the CWF assistance request process.
Want to select a different MSP record for the beneficiary if you have already transferred HIMR data to the <i>CWF Auxiliary Record Data</i> page	From the <i>CWF Auxiliary Record Data</i> page, click Back To List , and click the Aux Rec # link, next to the record you want to select.
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"> 1. Enter the new beneficiary's Medicare ID in the Medicare ID field on the <i>Action Requested</i> page. 2. Set Import HIMR MSP Data to "Yes". 3. Click the Continue button to show the <i>HIMR MSP Data List</i>. 4. Click the AUX REC # link next to the record you want to select.
Want to return to the <i>CWF Assistance Request Action Requested</i> page without selecting data	Click Cancel .

3.3 CWF Auxiliary Record Information Page

1. Enter/select information on the *CWF Auxiliary Record Information* page that associates the assistance request with an MSP auxiliary record.

Note: 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 appears: “Diagnosis code [number] is invalid with insurer type of No-Fault.” For details, see Appendix J.

2. After all relevant fields have been entered, click the **Continue** button to go to the *Informant Information* page, or select a page link from the left side bar.

Figure 3-3: CWF Assistance Request Auxiliary Record Information

The screenshot displays the 'CWF Assistance Request Auxiliary Record Information' page. At the top, there are navigation links for 'Home', 'CMS', 'About', and 'Sign out'. The main content area is a form with the following fields:

- * Required**
 - *MSP Type: D - Automobile Insurance, No Fault
 - New MSP Type: Please Select
 - *Patient Relationship: 01 - Patient is policy holder
 - New Patient Relationship: Please Select
 - *Auxiliary Record #: 006
 - *Originating Contractor: 11109
 - *Effective Date: 01/16/2002
 - New Effective Date: (empty)
 - Termination Date: 06/18/2007
 - Remove Existing Termination Date:
 - Accretion Date: 07/01/2006
 - ORM: Y

At the bottom of the form are 'Continue' and 'Cancel' buttons. On the left side, there is a sidebar with the following menu items: 'Action Requested', 'CWF Auxiliary Record Data', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. On the right side, there is a sidebar with the following sections:

- Quick Help**
 - [Help About This Page](#)
- Change Contractor**
 - [Change Contractor](#)
- Contractor**
 - ID: #####
 - Name: AAAAAAAAAAAAAA
- User**
 - ID: #####
 - Name: FIRST LAST
 - Phone: (###) ###-####
- Beneficiary**
 - Medicare ID: #####
 - SSN: ***-**-####
 - Name: FIRST M LAST
 - Address: AAAAAAAAAAAAAA AAAAAAAAAAAAAA
 - City, State: AAAAAAAAAAAAAA, AA
 - Zip: #####-####
 - Sex: Male
 - DOB: ##/##/####
- DCN**
 - ID: #####
 - Origin Date: 05/01/2010
 - Status: NW - Nev, not yet read by COB
 - Reason: 01 - Not yet read by COB, used with NW status

Table 3-6: CWF Assistance Request Auxiliary Record Information

Field	Description								
MSP TYPE	<p>One-character code identifying the type of MSP coverage (<i>required field</i>). Description of code appears next to value.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability W Workers' Compensation Medicare Set Aside 								
NEW MSP TYPE	<p>One-character code identifying the type of new MSP coverage. Description of code appears next to value.</p> <p><i>Required field</i> when ACTION is MT.</p>								
PATIENT RELATIONSHIP	<p>Patient relationship between the policyholder and the beneficiary (<i>required field</i>). Description of code appears next to value.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policyholder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) <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="1" data-bbox="571 1759 1047 1902"> <thead> <tr> <th><u>MSP Type</u></th> <th><u>Patient Relationship Code</u></th> </tr> </thead> <tbody> <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>	<u>MSP Type</u>	<u>Patient Relationship Code</u>	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
<u>MSP Type</u>	<u>Patient Relationship Code</u>								
A	01, 02								
B	01, 02, 03, 04, 05, 18, 20								
G	01, 02, 03, 04, 05, 18, 20								

Field	Description
NEW PATIENT RELATIONSHIP	New patient relationship between the policyholder and the beneficiary. Description of code appears next to value. <i>Required field</i> when ACTION is PR.
AUXILIARY RECORD #	Record number of the MSP auxiliary occurrence in CWF (<i>required field</i>). Note: Part D contractors must enter '001' when aux number is unknown.
ORIGINATING CONTRACTOR	Contractor number of contractor that created the original MSP occurrence at CWF (<i>required field</i>).
EFFECTIVE DATE	Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>). <i>Notes: This field accepts dates up to three months from the current date, as follows:</i> <i>For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.</i> <i>For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)</i>
NEW EFFECTIVE DATE	New effective date of MSP coverage in MMDDCCYY format. <i>Required field</i> when ACTION is ED. <i>Notes: This field accepts dates up to three months from the current date, as follows:</i> <i>For GHP records (MSP Types A, B, and G): The New Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.</i> <i>For NGHP records (MSP Types D, E, L, H, and W): The New Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future New Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)</i>
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION is TD or CT.
REMOVE EXISTING TERMINATION DATE	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.
ORM	Indicator for Ongoing Responsibility for Medicals. This field is read-only. Available values are Y ("Yes" ORM exists) or a "Space" (ORM does not exist, or existence of ORM is unknown). Notes: Once ORM is reported as Y, then even after ORM has terminated, the record will continue to show an indicator of "Y." If you did not select the <i>Import HIMR Data</i> option, you will not see an ORM indicator on this screen.
CONTINUE	Command button. Click to go to the <i>Informant Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

3.3.1 About Automated Action Codes

Your updates to current records on the *CWF Assistance Request Auxiliary Record Information* page will be denied if these action codes are entered under the following conditions:

- Submitting contractor’s hierarchy permission level is lower than that of the updating contractor
- Record not found
- AP: Same policy number or group number entered
- TD: Record previously termed, or termed but same term date entered
- CT: Record not previously termed
- PR: Same patient relationship entered

3.4 Informant Information Page

1. Enter information on the *Informant Information* page regarding the person who informed you of the change in MSP coverage.
2. After all relevant fields have been entered, click the **Continue** button to go to the *Insurance Information* page, or select a page link from the left side bar.

Figure 3-4: CWF Assistance Request Informant Information

Table 3-7: CWF Assistance Request Informant Information

Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. <ul style="list-style-type: none"> • Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCES when ACTION is AI.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.

Field	Description
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. <ul style="list-style-type: none"> Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. Required for all SOURCEs when ACTION is AI.
ADDRESS	Informant’s street address. <ul style="list-style-type: none"> Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. Required for all SOURCEs when ACTION is AI.
CITY	Informant’s city. <ul style="list-style-type: none"> Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. Required for all SOURCEs when ACTION is AI.
STATE	Informant’s state. <ul style="list-style-type: none"> Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. Required for all SOURCEs when ACTION is AI.
ZIP	Informant’s ZIP code. <ul style="list-style-type: none"> Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. Required for all SOURCEs when ACTION is AI.
PHONE	Informant’s telephone number
RELATIONSHIP	One-character code indicating the relationship of the informant to the 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 W Pharmacy Required for: <ul style="list-style-type: none"> All ACTIONs when SOURCE is CHEK, LTTR, or PHON. Defaults to A when ACTION is AI.
CONTINUE	Command button. Click to go to <i>Insurance Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

3.5 Insurance Information Page

1. Enter information on the *Insurance Information* page about the insurance type associated with the MSP coverage (Figure 3-5).

To modify insurer information at CWF, you must enter Action II on the *Action Requested* page. Type data in all fields to update insurer information. Leave all fields blank to delete insurer information.

- 2. After all relevant fields have been entered, click **Continue** to go to the *Employment Information* page, or select a page link from the left side bar.

Note: If you enter Action II and leave any of the following fields blank, the system deletes the previous value at CWF: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME.

Figure 3-5: CWF Assistance Request Insurance Information

The screenshot shows a web application interface for 'CWF Assistance Request Insurance Information'. The page has a top navigation bar with 'Home CMS' on the left and 'About Sign out' on the right. A left-hand sidebar contains a menu with items: 'Action Requested', 'CWF Auxiliary Record Data', 'Informant Information', 'Insurance Information' (highlighted with a right-pointing arrow), 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The main content area is titled 'CWF Assistance Request Insurance Information' and contains the following fields:

- Insurance Company Name: [AAAAAAAAAAAA]
- Address: [AAAAAAAAAAAA]
- [AAAAAAAAAAAA]
- City: [AAAAAAAAAAAA]
- State, Zip: [AAAAAAAAAAAA] [#####] - [#####]
- Phone: ([###]) [###] - [###]
- Insurance Type: [C - PPO]
- New Insurance Type: [Please Select]
- Policy Number: [#####]
- Group Number: [#####]
- Subscriber/Policy Holder First Name: [FIRST]
- Subscriber/Policy Holder Middle Initial: [M]
- Subscriber/Policy Holder Last Name: [LAST]

At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a sidebar with the following sections:

- Quick Help**
 - [Help About This Page](#)
- Change Contractor**
 - [Change Contractor](#)
- Contractor**
 - ID: [#####]
 - Name: [AAAAAAAAAAAA]
- User**
 - ID: [#####]
 - Name: [FIRST LAST]
 - Phone: [(###) ###-####]
- Beneficiary**
 - Medicare ID: [#####A]
 - SSN: [***-**-####]
 - Name: [FIRST M LAST]
 - Address: [AAAAAAAAAAAA]
 - [AAAAAAAAAAAA]
 - City, State: [AAAAAAAAAAAA, AA]
 - Zip: [#####-####]
 - Sex: [Male]
 - DOB: [##/##/####]
- DCN**
 - ID: [#####]
 - Origin Date: [05/01/2010]
 - Status: [NW - New, not yet read by COB]
 - Reason: [01 - Not yet read by COB, used with NW status]

Table 3-8: CWF Assistance Request Insurance Information

Field	Description
INSURANCE COMPANY NAME	<p>Name of the insurance carrier for MSP coverage. <i>Required field</i> when ACTION is II.</p> <p>If the Insurance Company Name is blank or only contains one of the following values, then it is considered an error:</p> <ul style="list-style-type: none"> • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN <p>Note: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action is II.</p>
ADDRESS	First line of the insurance carrier’s street address.
CITY	City associated with the insurance carrier’s street address.
STATE	State associated with the insurance carrier’s street address.
ZIP	ZIP code associated with the insurance carrier’s street address.
PHONE	Phone number of the insurance carrier.

Field	Description
INSURANCE TYPE	<p>One-character code for the type of insurance. Valid values are:</p> <ul style="list-style-type: none"> A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has 100 or more full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more 20 or more full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account <p>Blank Unknown (UNKNOWN); defaults to A</p> <p><i>Required field</i> when ACTION is AI (Attorney information should be entered on the Informant Information page) or ACTION is II and INSURANCE COMPANY NAME is entered. ACTION types are TD, CT, AP and PR.</p>
NEW INSURANCE TYPE	<p>Select a one-character code for the new type of insurance.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Insurance or Indemnity (OTHER TYPES) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) R GHP Health Reimbursement Arrangement <p><i>Required field</i> when ACTION is IT.</p>
POLICY NUMBER	<p>Policy number of insurance coverage.</p> <ul style="list-style-type: none"> • <i>Required field</i> when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. <p>Note: If GROUP NUMBER is entered, POLICY NUMBER is not required.</p>

Field	Description
GROUP NUMBER	<p>Group number of insurance coverage</p> <ul style="list-style-type: none"> • <i>Required field</i> when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • <i>Required field</i> when ACTION is CD and MSP TYPE IS D, E, L or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. <p>Note: If POLICY NUMBER is entered, GROUP NUMBER is not required.</p>
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First letter of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the <i>Employment Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

3.6 Employment Information Page

1. Enter employment information associated with the MSP coverage on the *Employment Information* page.
2. After all relevant fields have been entered, click **Continue** to go to the *Additional Information* page, or select a page link from the left side bar.

Figure 3-6: CWF Assistance Request Employment Information

Table 3-9: CWF Assistance Request Employment Information

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. <i>Required field</i> when ACTION is EA or EI.
ADDRESS	First line of the employer’s street address. <i>Required field</i> when ACTION is EI.
ADDRESS 2	Second line of the employer’s street address. Optional field.
CITY	City associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
STATE	State associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
ZIP	ZIP code associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
PHONE	Phone number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policyholder
CONTINUE	Command button. Click to go to the <i>Additional Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

3.7 Additional Information Page

1. Enter check and beneficiary information on the *CWF Assistance Additional Information* page. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, *Action Requested* page.
2. After all relevant fields have been entered, click **Continue** to go to the *Comments/Remarks* page, or select a page link from the left side bar. If you need to enter more than 5 diagnosis codes, click the **More Diagnosis Codes** button.

The *More Diagnosis Codes* page will appear (Figure 3-8).

Figure 3-7: CWF Assistance Request Additional Information

Table 3-10: CWF Assistance Request Additional Information

Field	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY <i>Required field</i> if ACTION is PH.
SOCIAL SECURITY NUMBER	Corrected Social Security Number when Medicare ID and SSN do not match CWF. <i>Required field</i> if ACTION is MX.
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes on this page. Up to 15 additional diagnosis codes may be entered on the <i>More Diagnosis Codes</i> page. To enter more than 5 diagnosis codes, click the More Diagnosis Codes button. The <i>More Diagnosis Codes</i> page will appear (Figure 3-8). <i>Required</i> when ACTION is DX.
ICD Indicator	Type of diagnosis code. Select “ICD-9” or “ICD-10.” Required if corresponding Diagnosis Code is submitted.
More Diagnosis Codes	Command button. Click to go to the <i>More Diagnosis Codes</i> page.
CONTINUE	Command button. Click to go to the <i>Comments/Remarks</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

Figure 3-8: CWF Assistance Request Additional Information More Diagnosis Codes

Table 3-11: CWF Assistance Request More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes.
ICD Indicator	Type of diagnosis code. Select “ICD-9” or “ICD-10.” Required if corresponding Diagnosis Code is submitted.
CONTINUE	Command button. Click to go to the <i>Comments and Remarks</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

3.8 Comments and Remarks Page

1. Enter comments on the *CWF Assistance Request Comments and Remarks* page. All comments entered are viewable by the BCRC. Refer to Section 8.5 for the complete list of remark codes.

Note: Remarks are only shown on the *Comments and Remarks* page when the ACTION is AR.

2. After all relevant fields have been entered, click **Continue** to go to the *Summary* page, or select a page link from the left side bar.

Figure 3-9: CWF Assistance Request Comments/Remarks

Table 3-12: CWF Assistance Request Comments/Remarks

Field	Description
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the BCRC. (<i>Protected field</i> when the BCRC adds a comment.) Note: The BCRC reviews these comments unless the request involves an automated Action (action codes AR, DO, PH, and TD). In these cases, when an automated Action is submitted individually and processed successfully, the comments entered are not reviewed.
REMARKS	Enter at least one remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix F for more information. <i>Required field</i> when ACTION is AR.
CONTINUE	Command button. Click to go to the <i>Summary</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

Comments entered for the BCRC should provide explanation and additional information for the Action selected (examples: Table 3-14).

Table 3-13: CWF Assistance Request Action and Related Comments Examples

Action	Comment
DO	PLEASE DELETE. CASE CLOSED IN REMAS.
II	VERIFY INS TYPE. WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES.
TD	PLEASE TERM RECORD.
CT	PER EMPLOYER, BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.

3.9 Summary Page

The *Summary* page shows a summary of all information entered for the assistance request before submission (Figure 3-10). After entering or selecting data in all relevant fields on the previous CWF Assistance Request pages, review the *Summary* page and then click **Submit**. The system shows the *Submit Confirmation* page. At this point the assistance request is submitted and you can print the confirmation page.

Figure 3-10: CWF Assistance Request Summary

Home CMS
ECRS User Guide About Sign out

CWF Assistance Request Summary
[Print Summary](#)

- Action Requested
- CWF Auxiliary Record Data
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Comments/Remarks
- Summary

Action Requested

DCN: #####

Medicare ID: #####A

Activity Code: N - Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act

Action Codes: AI - Change Attorney Information
II - Change Insurer Information
CT - Change Termination date

Source: CHEK-Check

Auxiliary Record Information

MSP Type: D-Automobile Insurance,No Fault

New MSP Type:

Effective Date: 01/16/2002

New Effective Date:

Auxiliary Record Number: 006

Termination Date: 06/18/2007

Remove Existing Termination Date:

Originating Contractor: 11109

Patient Relationship: 01-Patient is policy holder

New Patient Relationship:

Accretion Date:

ORM: Y

Informant Information

Name: FIRST M. LAST

Relationship: B-Beneficiary

Address: AAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAA, AA #####

Phone: (###) ###-####

Employment Information

Employer Name: AAAAAAAAAAAAA

Address: AAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAA, AA #####

Phone: (###) ###-####

EIN: #####

Employee Number: #####

Insurance Information

Insurance Company Name: AAAAAAAAAAAAA

Address: AAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAA, AA #####

Phone: (###) ###-####

Insurance Type: C-PPO

New Insurance Type:

Policy Number: #####

Group Number: #####

Subscriber/Policy Holder Name: FIRST M. LAST

Check Information

Check Number: ###

Check Date: 03/01/2010

Check Amount: \$350.00

Additional Information

Pre-paid Health Plan Date:

Social Security Number:

Diagnosis Codes

ICD9 ##### ICD9 ##### ICD9 ##### ICD9 ##### ICD9

ICD9 ##### ICD9 ##### ICD9 ##### ICD10 ##### ICD10

ICD10 ##### ICD10 ##### ICD10 ##### ICD10 ##### ICD10

ICD10 ##### ICD10 ##### ICD10 ##### ICD10 ##### ICD10

ICD10 ##### ICD10 ##### ICD10 ##### ICD10 ##### ICD10

Comments/Remarks

Comments: This is a sample comment

Remarks:

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####

Name: AAAAAAAAAAAAA

User

ID: #####

Name: FIRST LAST

Phone: (###) ###-####

Beneficiary

Medicare ID: #####A

SSN: ***-**-####

Name: FIRST M LAST

Address: AAAAAAAAAAAAA

City, State: AAAAAAAAAAAAA, AA

Zip: #####

Sex: Male

DOB: ##/##/####

DCN

ID: #####

Origin Date: 05/01/2010

Status: NW - New, not yet read by COB

Reason: 01 - Not yet read by COB, used with NW stat

3.10 Viewing, Updating, and Deleting CWF Assistance Request Transactions

Follow the steps below to search for and view a list of CWF Assistance Request transactions.

Note: You can only update or delete CWF assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the *Main Menu* page, click the **CWF Assistance Request** link under Search for Requests or Inquiries. The *CWF Assistance Request Search* page appears.

Figure 3-11: CWF Assistance Request Search

Table 3-14: CWF Assistance Request Search

Field	Description
CONTRACTOR #	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in. (<i>protected field</i>) If you are a regional office (RO) or a CMS user, this field will be pre-filled with the CMS ID/RO number entered during contractor sign-in. Note: This field is updateable with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID (HICN or MBI). Note: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. Note: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process CWF Assistance Request transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable. Note: MMDDCCYY format.

Field	Description
ORIGIN DATE TO	Enter an ending date for the date range. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.
DCN	Enter a DCN. Note: If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Command button. Click to show search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

3.10.1 View Transactions

- Type search criteria in the appropriate fields and click the **Submit** button.
 - To create a list of all CWF Assistance Requests for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.
 - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

The system shows a list of CWF Assistance Requests (Figure 3-12). There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

- Change or delete search criteria to initiate a new search.

Figure 3-12: CWF Assistance Request Search Listing

The screenshot displays the 'CWF Assistance Request Search' page. At the top, there are navigation links for 'Home', 'CMS', 'ECRS User Guide', 'About', and 'Sign out'. The search form includes fields for Contractor #, Medicare ID, SSN, Status, Reason, User ID, Origin Date From, Origin Date To, and DCN. A 'Display Range' dropdown is set to '1 - 500'. Below the form are 'Submit', 'Reset', and 'Cancel' buttons. The results section shows 'Total Records Found : 6430' and 'Current Display Range : 501 - 1000'. A table lists records with columns for Delete, Medicare ID, Contractor, DCN, Status, Reason, Origin Date, Last Update, and User ID. A sidebar on the right contains 'Quick Help' links and user information for the Contractor and User.

Delete	Medicare ID	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
X	A*****	H5521	*****	CM	96	04/02/2018	04/04/2018	AAAAAA
X	A*****	R7444	*****	CM	96	04/02/2018	04/04/2018	AAAAAA
	A*****	H1406	*****	CM	96	01/09/2018	02/01/2018	AAAAAA
	A*****	H2775	*****	CM	96	02/28/2018	03/22/2018	AAAAAA
	A*****	H2001	*****	CM	96	03/15/2018	03/29/2018	AAAAAA
	A*****	H2001	*****	CM	96	03/15/2018	03/29/2018	AAAAAA

Table 3-15: CWF Assistance Request Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. Note: This field is only visible if a search has been completed. The range in the <i>DISPLAY RANGE</i> field defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. Note: This field defaults to 1-500.
DELETE	Click the delete [X] link to mark a transaction for deletion.
MEDICARE ID	Medicare ID (HICN or MBI) for the CWF Assistance Request transaction. (<i>Protected field</i>). Click the Medicare ID link to view the <i>Summary</i> page.
CONTRACTOR	Contractor number (<i>protected field</i>).
DCN	DCN assigned to the CWF Assistance Request transaction by the Medicare contractor (<i>protected field</i>).
STATUS	Status of the CWF Assistance Request transaction (<i>protected field</i>).
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status (<i>protected field</i>).
ORIGIN DATE	Originating date in MMDDCCYY format (<i>protected field</i>).
LAST UPDATE	Date the CWF Assistance Request transaction was last changed in MMDDCCYY format (<i>protected field</i>).
USER ID	User ID of the operator who entered CWF Assistance Request transaction (<i>protected field</i>).
Export options	Click the link to export search results. Note: You may export all results returned, up to 500 records at a time, based on the records currently shown.



3.10.2 Update Transactions

1. To update information on a CWF Assistance Request transaction, click the Medicare ID link for the transaction.

The system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 3-13).

2. To leave the *Summary* page without making any changes, click the **Cancel** or **Return** buttons to return to the *Search Page Listing*. If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page.
3. After you have made all updates, click **Submit** to confirm updates, or **Cancel** to return to the *CWF Assistance Request Search Page Listing*.

Figure 3-13: CWF Assistance Request Summary

  	
Electronic Correspondence Referral System (ECRS)	
Home CMS	ECRS User Guide About Sign out
CWF Assistance Request Summary	
<ul style="list-style-type: none"> Action Requested CWF Auxiliary Record Information Informant Information Insurance Information Employment Information Additional Information Comments/Remarks <li style="background-color: #4F81BD; color: white; padding: 2px;">Summary 	<p>CWF Assistance Request Summary</p> <p>Action Requested Print this page</p> <p>DCN: 143#####</p> <p>Medicare ID: #####A</p> <p>Activity Code: I - General Inquiries</p> <p>Action Codes: AR - Add CWF Remark Code</p> <p>Source: LTTR - Letter</p> <p>Submitter Type:</p> <p>Auxiliary Record Information</p> <p>MSP Type: E - Workers' Compensation</p> <p>New MSP Type:</p> <p>Effective Date: 05/19/2004</p> <p>New Effective Date:</p> <p>Auxiliary Record Number: 006</p> <p>Termination Date:</p> <p>Remove Existing Termination Date:</p> <p>Originating Contractor : E0001</p> <p>Patient Relationship: 01 - Patient is policy holder</p> <p>New Patient Relationship:</p> <p>Accretion Date:</p> <p>ORM: N/A</p> <p>Informant Information</p> <p>Name: First Last</p> <p>Relationship: O - Other Relative</p> <p>Address: 123 Main Street</p> <p>City, State, Zip: City State Zip</p> <p>Phone: --</p> <p>Employment Information</p> <p>Employer Name: AAA Company</p> <p>Address: 123 Main St.</p> <p>City, State, Zip: City State Zip</p> <p>Phone: --</p> <p>EIN:</p> <p>Employee Number:</p> <p>Insurance Information</p> <p>Insurance Company Name: AAA Company</p> <p>Address: 123 Main</p> <p>City, State, Zip: City State Zip</p> <p>Phone: --</p> <p>Insurance Type: C - PPO</p> <p>New Insurance Type:</p> <p>Policy Number:</p> <p>Group Number: 12345</p> <p>Subscriber/Policy Holder Name: First Last</p> <p>Check Information</p> <p>Check Number: 12345</p> <p>Check Date: 04/16/2007</p> <p>Check Amount: \$### ##</p> <p>Additional Information</p> <p>Pre-paid Health Plan Date:</p> <p>Social Security Number: --</p> <p>Diagnosis Codes</p> <p>(ICD-9) ##### (ICD-9) ##### (ICD-9) #####</p> <p>Comments/Remarks</p> <p>Comments: Test comments</p> <p>Remarks: 01 - Beneficiary retired as aof termination date.</p> <p><input type="button" value="Submit"/> <input type="button" value="Cancel"/></p>
<p>Quick Help</p> <p>Help About This Page</p> <p>Change Contractor</p> <p>Change Contractor</p> <p>Contractor</p> <p>ID: E0001</p> <p>Name: TEST ECRS CONTRACTOR</p> <p>User</p> <p>ID: #####</p> <p>Name: #####</p> <p>Phone: #####</p> <p>Beneficiary</p> <p>Medicare ID: #####A</p> <p>SSN: ###-##-2059</p> <p>Name: FIRST LAST</p> <p>Address: Street Address</p> <p>City, State: CITY, STATE</p> <p>Zip: ZIP</p> <p>Sex: FEMALE</p> <p>DOB: #####</p> <p>DCN</p> <p>ID: 143#####</p> <p>Origin Date: 03/05/2015</p> <p>Status: NW - New, not yet read by COB</p> <p>Reason: 01 - Not yet read by COB, used with NW status</p>	

3.10.3 Delete Transactions

1. To mark a CWF Assistance Request transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm or click **Cancel** to decline.
2. To exit the *CWF Assistance Request Search* page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

Chapter 4: MSP Inquiry Transactions

This chapter provides you with step-by-step instructions to perform an MSP Inquiry transaction. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the MSP inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

4.1 Adding an MSP Inquiry Transaction

Use the **MSP Inquiry** link under Create Requests or Inquiries on the *Main Menu*, to add MSP Inquiry transactions for new or possible MSP situations not yet documented at CWF.

To enter CWF Assistance Request transactions for changes to existing CWF MSP auxiliary occurrences, use the CWF Assistance Request Detail transaction.

4.1.1 Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when Medicare ID (HICN or MBI) and other required data is entered and saved on the first page of the MSP Inquiry (*Action Requested* page). The information appears on the right side bar, and is carried forward on the MSP Inquiry transaction.

4.1.2 Common MSP Sources

Common sources that provide contractors with MSP information, followed by the associated source code, are:

- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

4.2 Action Requested Page

From the *Main Menu* page, click **MSP Inquiry** under *Create Requests or Inquiries*. The system shows the *Action Requested* page, the first page of the MSP Inquiry. The information entered on this page determines required information on subsequent pages.

Figure 4-1: MSP Inquiry Action Requested

Home CMS About Sign out

MSP Inquiry Action Requested

*** Required**

*DCN:

*Medicare ID:

*Activity Code:

Action:

*Source:

Quick Help
[Help About This Page](#)
Change Contractor
[Change Contractor](#)

Contractor
ID: #####
Name: AAAAAAAAAAAAA

User
ID: #####
Name: FIRST LAST
Phone: (###) ###-####

4.2.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

1. Enter data in all required fields on the *Action Requested* page then click the **Continue** button. The required fields on this web page are noted with a red asterisk (*) and are as follows:
 - DCN
 - MEDICARE ID
 - ACTIVITY CODE
 - SOURCE

Note: If Beneficiary information is not found for the Medicare ID you have entered you will receive a warning message, but will still be able to continue with the MSP Inquiry.

2. After all relevant fields have been entered, click Continue to go to the MSP Information page, or select a page link from the left side bar.
3. To exit the MSP Inquiry Detail pages, click the **Home** link to return to the *Main Menu* or **Sign Out** to exit the application.

Table 4-1: MSP Inquiry Action Requested

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with the transaction. <i>Required field.</i> The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. <i>Required field.</i> Enter the ID without dashes, spaces, or other special characters. Note: The system looks up the Medicare ID to ensure all related Medicare IDs are returned. Results show the Medicare ID you entered.
ACTIVITY CODE	Activity of contractor. <i>Required field.</i> Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code indicating the type of special processing to perform on the MSP Inquiry record. Note: You can use CA and CL together. You cannot combine any other Actions. Valid values are: CA Class Action Suit Note: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter. CL Closed or Settled Case Note: This action code is only valid for closed and settled cases. This action code suppresses lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter. DE Develop to the Employer Note: This action code sends a development letter to the employer. DI Develop to the Insurer Note: This action code sends a development letter to the insurer.
SOURCE	Four-character code identifying the source of the MSP Inquiry information. <i>Required field.</i> Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
CONTINUE	Command button. Click to go to the <i>MSP Information</i> page. Note: Required fields must be typed/selected before clicking Continue .
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.3 MSP Information Page

1. Enter information associated with the MSP coverage on this page (Figure 4-2).
2. After all relevant fields have been entered, click Continue to go to the Informant Information page, or select a page link from the left side bar.

Note: 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 appears: “Diagnosis code [number] is invalid with insurer type of No- Fault.” For details, see Appendix J.

Figure 4-2: MSP Inquiry MSP Information

The screenshot displays the 'MSP Inquiry MSP Information' web form. The main content area contains the following fields:

- MSP Type: Please Select (dropdown)
- Patient Relationship: Please Select (dropdown)
- Effective Date: [text input with calendar icon]
- Termination Date: [text input with calendar icon]
- CMS Grouping Code: Please Select (dropdown)
- Dialysis Train Date: [text input with calendar icon]
- Black Lung Benefits: Yes No
- Black Lung Effective Date: [text input with calendar icon]
- Send to CWF: Yes No

At the bottom of the form are 'Continue' and 'Cancel' buttons. The left sidebar lists navigation options: Home, CMS, Action Requested, MSP Information (selected), Informant Information, Insurance Information, Employment Information, Additional Information, Prescription Drug, and Summary. The right sidebar contains 'Quick Help' (with a link to 'Help About This Page'), 'Change Contractor' (with a link to 'Change Contractor'), and sections for 'Contractor' (ID: #####, Name: AAAAAAAAAAAAAA), 'User' (ID: #####, Name: FIRST LAST, Phone: (##) ###-####), 'Beneficiary' (Medicare ID: #####A, SSN: ***-**-####, Name: FIRST M LAST, Address: AAAAAAAAAAAAAA, City, State: AAAAAAAAAAAAAA, AA, Zip: #####-####, Sex: Male, DOB: ##/##/####), and 'DCN' (ID: #####, Origin Date: 05/01/2010, Status: NW - Nev, not yet read by COB, Reason: 01 - Not yet read by COB, used with NW status).

Table 4-2: MSP Inquiry MSP Information

Field	Description
MSP TYPE	<p>One-character code identifying the type of MSP coverage.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD D Automobile Insurance, No-Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability <p><i>Required field:</i></p> <ul style="list-style-type: none"> • When SOURCE is PHON. • When ACTION is CA or CL. (MSP TYPE must be D, E, or L when ACTION is CL.)

Field	Description								
PATIENT RELATIONSHIP	<p>Patient relationship between the policyholder and the beneficiary.</p> <p><i>Required field</i> when:</p> <p>ACTION is Blank and MSP TYPE is F ACTION is CA and MSP TYPE is L ACTION is CL and MSP TYPE is D, E, or L</p> <p>Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policyholder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004) <p>Note: For the following MSP Types, the patient relationship codes listed are the only values that can be used.</p> <table border="1" data-bbox="571 1213 1047 1360"> <thead> <tr> <th>MSP Type</th> <th>Patient Relationship Code</th> </tr> </thead> <tbody> <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 Code	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code								
A	01, 02								
B	01, 02, 03, 04, 05, 18, 20								
G	01, 02, 03, 04, 05, 18, 20								
EFFECTIVE DATE	<p>Effective date of MSP coverage.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • ACTION is CA and MSP TYPE is L • ACTION is CL and MSP TYPE is D, E, or L <p>Notes:</p> <p>EFFECTIVE DATE cannot be the same as TERMINATION DATE.</p> <p><i>This field accepts dates up to three months from the current date, as follows:</i></p> <p><i>For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.</i></p> <p><i>For NGHP records (MSP Types D, E, L, H, and W): Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)</i></p>								

Field	Description
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. <i>Required field</i> when ACTION is CL and MSP TYPE is D, E, or L. Note: TERMINATION DATE cannot be the same as EFFECTIVE DATE.
CMS GROUPING CODE	CMS Grouping Code. <i>Required field</i> when ACTION is CA and MSP TYPE is L. Valid values are: 01 Gel Implants (TrailBlazers, 00400) 02 Gel Implants (Alabama, 00010) 03 Bone Screw Recoveries (United Government Services, 00454) 04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010) 05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340) 06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340) 07 Baycol Litigation 08 Dexatrim (90000) 09 Rhode Island Receivership Recoveries (00180) 10 Propulsid (00010) 11 Asbestos Exposure 12 Garretson Asbestos Cases 13 Fleet Phosphate 14 Accutane 15 Garretson - Trasylol 16 Zelnorm 17 Total Body Supplements - TBS 18 Hormone Replacement Therapy - HRT 19 Keugl Mesh
DIALYSIS TRAIN DATE	Date the beneficiary received self-dialysis training.
BLACK LUNG BENEFITS	Yes or No field indicating whether the beneficiary receives benefits under the Black Lung Program.
BLACK LUNG EFFECTIVE DATE	Date the beneficiary began receiving benefits under the Black Lung Program. This field is only enabled when BLACK LUNG BENEFITS is Yes.
SEND TO CWF	Indicates whether to send the MSP inquiry to CWF. Select Yes or No. Note: SEND TO CWF defaults to No unless ACTION is blank and MSP TYPE is blank or F.
CONTINUE	Command button. Click to go to the <i>Informant Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.4 Informant Information Page

1. On this page, enter information about the person who informed you of the change in MSP coverage.
2. After all relevant fields have been entered, click Continue to go to the Insurance Information page, or select a page link from the left side bar.

Figure 4-3: MSP Inquiry Informant Information

The screenshot shows a web application interface for 'MSP Inquiry Informant Information'. At the top, there are links for 'Home', 'CMS', 'About', and 'Sign out'. A left-hand navigation menu includes 'Action Requested', 'MSP Information', 'Informant Information' (highlighted), 'Insurance Information', 'Employment Information', 'Additional Information', 'Prescription Drug', and 'Summary'. The main form area contains the following fields:

- First Name: [Text Input]
- Middle Initial: [Text Input]
- Last Name: [Text Input]
- Address: [Text Input]
- City: [Text Input]
- State, Zip: [Please Select] - [Text Input] - [Text Input]
- Phone: ([Text Input]) [Text Input] - [Text Input]
- Relationship: [Please Select]

 Below the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with a link 'Help About This Page'. Below that is a 'Change Contractor' section with a link 'Change Contractor'. The 'Contractor' section displays: ID: #####, Name: AAAAAAAAAAAAAA. The 'User' section displays: ID: #####, Name: FIRST LAST, Phone: (###) ###-####. The 'Beneficiary' section displays: Medicare ID: #####A, SSN: ***-**-####, Name: FIRST M LAST, Address: AAAAAAAAAAAAAA, City, State: AAAAAAAAAAAAAA, AA, Zip: #####-####, Sex: Male, DOB: ##/##/####. The 'DCN' section displays: ID: #####, Origin Date: 05/01/2010, Status: NW - Nev, not yet read by COB, Reason: 01 - Not yet read by COB, used with NW status.

Table 4-3: MSP Inquiry Informant Information

Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. <i>Required field</i> when: <ul style="list-style-type: none"> SOURCE is CHEK, LTTR or PHON. ACTION is CA or CL, unless Insurance Company Address will be entered.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. <i>Required field</i> when <ul style="list-style-type: none"> SOURCE is CHEK, LTTR or PHON. ACTION is CA or CL, unless Insurance Company Address will be entered.
ADDRESS	Informant’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> SOURCE is CHEK, LTTR or PHON. ACTION is CA or CL, unless Insurance Company Address will be entered.
CITY	Informant’s city. <i>Required field</i> when: <ul style="list-style-type: none"> SOURCE is CHEK, LTTR or PHON. ACTION is CA or CL, unless Insurance Company City will be entered.

Field	Description
STATE	Informant’s state. <i>Required field when:</i> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company State will be entered.
ZIP	Informant’s ZIP code. <i>Required field when:</i> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company ZIP will be entered.
PHONE	Informant’s telephone number.
RELATIONSHIP	One-character code indicating the relationship of the informant to the 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 W Pharmacy Notes: <ul style="list-style-type: none"> • <i>Required field</i> when SOURCE is CHEK, LTTR or PHON. • Must be A if ACTION is CA or CL and informant information is entered.
CONTINUE	Command button. Click to go to the <i>Insurance Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.5 Insurance Information Page

1. Enter information about the type of insurance associated with the MSP coverage on this page (Figure 4-4).
2. After all relevant fields have been entered, click Continue to go to the Employment Information page, or select a page link from the left side bar.

Figure 4-4: MSP Inquiry Insurance Information

Home CMS About Sign out

MSP Inquiry Insurance Information

- Action Requested
- MSP Information
- Informant Information
- Insurance Information**
- Employment Information
- Additional Information
- Prescription Drug
- Summary

Insurance Company Name:

Address Line 1:

Address Line 2:

City:

State, Zip: Please Select - -

Phone: () -

Insurance Type: Please Select

Policy Number:

Group Number:

Subscriber/Policy Holder First Name:

Subscriber/Policy Holder Middle Initial:

Subscriber/Policy Holder Last Name:

Subscriber/Policy Holder SSN: - -

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####

Name: AAAAAAAAAAAAAA

User

ID: #####

Name: FIRST LAST

Phone: (##) ###-####

Beneficiary

Medicare ID: #####A

SSN: ***-**-####

Name: FIRST M LAST

Address: AAAAAAAAAAAAAA
AAAAAAAAAAAAA

City, State: AAAAAAAAAAAAAA, AA

Zip: #####-####

Sex: Male

DOB: ##/##/####

DCN

ID: #####

Origin Date: 05/01/2010

Status: NW - New, not yet read by COB

Reason: 01 - Not yet read by COB, used with NW status

Table 4-4: MSP Inquiry Insurance Information

Field	Description
INSURANCE COMPANY NAME	<p>Name of the insurance carrier for MSP coverage. <i>Required field</i> if ACTION is DI. If the Insurance Company Name is entered and contains one of the following values, then it is considered an error:</p> <ul style="list-style-type: none"> • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN.
ADDRESS LINE 1	<p>First Line of insurance carrier’s street address. <i>Required field</i> when: INSURANCE COMPANY NAME is entered ACTION is DI ACTION is CA or CL, unless Informant Name and Address were entered.</p>
ADDRESS LINE 2	<p>Second Line of insurance carrier’s street address.</p>
CITY	<p>City associated with the insurance carrier’s street address. <i>Required field</i> when:</p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION is DI • ACTION is CA or CL, unless Informant City was entered.

Field	Description
STATE	State associated with the insurance carrier’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> INSURANCE COMPANY NAME is entered ACTION is DI ACTION is CA or CL, unless Informant State was entered.
ZIP	ZIP code associated with the insurance carrier’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> INSURANCE COMPANY NAME is entered ACTION is DI ACTION is CA or CL, unless Informant ZIP was entered.
PHONE	Phone Number of the insurance carrier.
INSURANCE TYPE	One-character code for the type of insurance. (Required field) Valid values are: A Insurance or Indemnity (OTHER TYPES) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of the insurance coverage. If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER.
GROUP NUMBER	Group number of the insurance coverage. If you enter a GROUP NUMBER, you do not have to enter a POLICY NUMBER.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First initial of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the <i>Employment Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.6 Employment Information Page

1. Enter employment information associated with the MSP coverage on this page (Figure 4-5).
2. After all relevant fields have been entered, click Continue to go to the Additional Information page, or select a page link from the left side bar.

Figure 4-5: MSP Inquiry Employment Information

The screenshot shows a web application interface for 'MSP Inquiry Employment Information'. On the left is a navigation menu with options like 'Action Requested', 'MSP Information', 'Informant Information', 'Insurance Information', 'Employment Information' (selected), 'Additional Information', 'Prescription Drug', and 'Summary'. The main area contains a form with the following fields: Employer Name, Address, City, State (with a dropdown menu), Zip, Phone (with area code and extension), EIN, and Employee #. Below the form are 'Continue' and 'Cancel' buttons. On the right side, there is a sidebar with sections: 'Quick Help' (with a link to 'Help About This Page'), 'Change Contractor' (with a link to 'Change_Contractor'), 'Contractor' (with ID and Name), 'User' (with ID, Name, and Phone), 'Beneficiary' (with Medicare ID, SSN, Name, Address, City, State, Zip, Sex, and DOB), and 'DCN' (with ID, Origin Date, Status, and Reason).

Table 4-5: MSP Inquiry Employment Information

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	First line of the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	Second line of the employer’s street address. Optional field.
CITY	City associated with the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
STATE	State associated with the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes

Field	Description
ZIP	ZIP code associated with the employer’s street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
PHONE	Phone Number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policyholder.
CONTINUE	Command button. Click to go to the <i>Additional Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.7 Additional Information Page

1. Enter check and beneficiary information on this page (Figure 4-6). This information is used in conjunction with the ACTION(s) and SOURCE(s) selected on the MSP Inquiry, Action Requested page.
2. After all relevant fields have been entered, click Continue to go to the Prescription Coverage page, or select a page link from the left side bar.

If you need to enter more than 5 diagnosis codes, click the **More Diagnosis Codes** button. The *More Diagnosis Codes* page will appear (Figure 4-7).

Figure 4-6: MSP Inquiry Additional Information

The screenshot shows the 'MSP Inquiry Additional Information' web page. On the left is a navigation menu with options: Action Requested, MSP Information, Informant Information, Insurance Information, Employment Information, **Additional Information** (selected), Prescription Drug, and Summary. The main content area contains:

- Check Number: [text input]
- Check Date: [calendar icon]
- Check Amount: [text input]
- Diagnosis Codes: Five rows, each with a [#####] text input, a radio button for ICD-9, and a radio button for ICD-10.
- More Diagnosis Codes: [button]
- Illness/Injury Date: [calendar icon]
- Beneficiary Representative Information:
 - Type: [Please Select dropdown]
 - Name: [text input]
 - Address: [text input]
 - Address: [text input]
 - State, Zip: [Please Select dropdown] [text input] - [text input]

 At the bottom are 'Continue' and 'Cancel' buttons. On the right sidebar, there is 'Quick Help' (with a link), 'Change Contractor' (with a link), and 'Contractor' details including ID, Name, User, Medicare ID, SSN, Name, Address, City, State, Zip, Sex, and DOB. Below that is 'DCN' details including ID, Origin Date, Status, and Reason.

Table 4-6: MSP Inquiry Additional Information

Field	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. Note: You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes on this page. Up to 15 additional diagnosis codes may be entered on the <i>More Diagnosis Codes</i> page. To enter more than 5 diagnosis codes, click the More Diagnosis Codes button. The <i>More Diagnosis Codes</i> page will appear (Figure 4-7). Note: Enter at least one DIAGNOSIS CODE when the ACTION is CA or CL. NGHP MSP types will require a valid diagnosis code to be entered. A message will appear stating that the diagnosis code will be required if one is not entered. The user will not be allowed to continue until a valid code is entered into the field. Note: Diagnosis Codes cannot be entered on an MSP Inquiry when the MSP Type is A (Working Aged), B (ESRD), or G (Disabled).
ICD INDICATOR	Type of diagnosis code. Select “ICD-9” or “ICD-10”. Required if corresponding Diagnosis Code is submitted.
MORE DIAGNOSIS CODES	Command button. Click to go to the More Diagnosis Codes page.
ILLNESS/INJURY DATE	Date the illness or injury occurred.
TYPE	One-character code indicating the type of relationship between the beneficiary and his or her representative. Valid values are: A Attorney R Bene Rep (individual not acting as attorney)
NAME	Name of individual representing a beneficiary’s medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative’s street.
CITY	Beneficiary representative’s city.
STATE	Beneficiary representative’s state.
ZIP	Beneficiary representative’s ZIP code.
CONTINUE	Command button. Click to go to the <i>Prescription Coverage</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

Figure 4-7: MSP Inquiry Additional Information More Diagnosis Codes

Table 4-7: MSP Inquiry Additional Information More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes.
ICD Indicator	Type of diagnosis code. Select “ICD-9” or “ICD-10”. Required if corresponding Diagnosis Code is submitted.
CONTINUE	Command button. Click to go to the <i>Prescription Coverage</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.8 Prescription Coverage Page

1. On this page, enter Prescription Coverage information associated with the MSP Inquiry Part D coverage.
2. After all relevant fields have been entered, click Continue to go to the Summary page, or select a page link from the left side bar.

Figure 4-8: MSP Inquiry Prescription Drug Coverage

Table 4-8: MSP Inquiry Prescription Drug Coverage

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. If the Insurance Company Name is blank or contains any of the following values, then it is considered an error: ADAP, ATTORNEY, BC, BCBX, BCBS, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, PAP, SPAP. SUPPLEMENT, SUPPLEMENTAL, UNK, XX, UNKNOWN
ADDRESS LINE 1	First Line of the insurance carrier’s street address. <i>Required field</i> when NAME and ADDRESS were entered.
ADDRESS LINE 2	Second Line of the insurance carrier’s street address.
CITY	City associated with the insurance carrier’s street address.
STATE	State associated with the insurance carrier’s street address.
ZIP	ZIP code associated with the insurance carrier’s street address.
PHONE	Phone Number of the insurance carrier.
POLICY NUMBER	Policy number of the insurance coverage.

Field	Description
EFFECTIVE DATE	<p>Effective date of the MSP coverage.</p> <p>Notes: EFFECTIVE DATE cannot be the same as the TERMINATION DATE. <i>This field accepts dates up to three months from the current date, as follows:</i> <i>For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.</i> <i>For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)</i></p>
TERMINATION DATE	<p>Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage.</p> <p>Note: TERMINATION DATE cannot be the same as the EFFECTIVE DATE.</p>
RECORD TYPE	<p>Prescription Coverage Record Type.</p> <p>Valid values are: PRI Primary SUP Supplemental</p> <p>Note: RECORD TYPE must be SUP when SUPPLEMENTAL TYPE is L.</p>
COVERAGE TYPE	<p>Prescription Coverage type of insurance.</p> <p>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)</p> <p><i>Required field.</i></p>
BIN	<p>Prescription Drug BIN number. Must be six digits and cannot be all the same number if COVERAGE TYPE is U.</p> <p><i>Required field</i> when COVERAGE TYPE is U.</p> <p>Group, BIN, or PCN is required with Action Code CX.</p>
PCN	<p>Prescription Drug PCN number. Must not contain special characters.</p> <p>Populate with spaces if not available.</p> <p>Cannot have special characters, except for a non-leading dash, and no leading space.</p> <p>Group, BIN, or PCN is required with Action Code CX.</p>
GROUP	<p>Prescription Drug group number. Must not contain special characters.</p> <p>Group, BIN, or PCN is required with Action Code CX.</p>
ID	<p>Prescription Drug ID number. Must not contain special characters.</p> <p><i>Required field</i> when COVERAGE TYPE is U.</p> <p>Cannot be blank or all zeros if COVERAGE TYPE is U.</p>

Field	Description
SUPPLEMENTAL TYPE	Prescription Drug Coverage policy type. Valid values are: L - Supplemental M - Medigap N - Non-qualified State Program O – Other R – Charity T – Federal Government Programs 3 – Major Medical
PERSON CODE	Person Code. Plan specific relationship assigned plan administrator at the plan level. <i>Required field</i> when RECORD TYPE is Supplemental. Valid values are: 001 Self 002 Spouse 003 Other
CONTINUE	Command button. Click to go to the <i>Summary</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.9 Summary Page

The *Summary* page shows a summary of all information entered for the MSP inquiry before submission (Figure 4-9). After typing/selecting data in all relevant fields on the previous MSP Inquiry pages, review the *Summary* page and click the **Submit** button. The system shows the *Submit Confirmation* page. At this point the MSP inquiry is submitted and you can print the confirmation page.

Figure 4-9: MSP Inquiry Summary

Home CMS About Sign out

MSP Inquiry Summary [Print Summary](#)

- Action Requested
- MSP Information
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Prescription Drug
- Summary**

Action Requested

DCN: 8885577444222
Medicare ID: #####A
Activity Code: I-General Inquiries
Action Codes: DI-Develop To the Insurer
Source: SCLM-Claim submitted to Medicare Contractor for alternate payment

MSP Information

MSP Type: A-Working Aged
Patient Relationship: O2-Spouse
Effective Date: 01/01/2008
Termination Date: 04/30/2010
CMS Grouping Code: Gel Implants (Trailblazers, 00400)
Dialysis Train Date: 02/01/2010
Black Lung Benefits: Yes
Black Lung Effective Date: 01/01/2008
Send to CWF: Yes

Informant Information

Name: FIRST LAST
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (###) ###-####
Relationship: B-Beneficiary

Insurance Information

Insurance Company Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (###) ###-####
Insurance Type: C-PPO
Policy Number: #####
Group Number: #####
Subscriber/Policy Holder Name: FIRST M. LAST
Subscriber/Policy Holder SSN: ###-##-####

Employment Information

Employer Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: #####
EIN: #####
Employee Number: #####

Check Information

Check Date:
Check Amount:
Check Number:

Beneficiary Representative Information

Type: A-Attorney
Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (###) ###-####
EIN: #####
Employee Number:

Diagnosis Codes

#####	#####	#####	#####	#####
#####	#####	#####	#####	#####
#####	#####	#####	#####	#####
#####	#####	#####	#####	#####

Illness/Injury Date: MM/DD/YYYY

Prescription Drug Information

Insurance Company Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (###) ###-####
Policy Number: #####
Effective Date:
Termination Date:
Record Type: PRI-Primary
Coverage Type: Z - Health Account (Flexible Spending Account)
Group:
BIN: 222
PCN:
ID:
Supplemental Type:
Person Code: 001-Self

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####
Name: AAAAAAAAAAAAAA
User

ID: #####
Name: FIRST LAST
Phone: (###) ###-####

Beneficiary

Medicare ID: #####
SSN: ###-##-####
Name: FIRST M. LAST
Address: AAAAAAAAAAAAAA
City, State: AAAAAAAAAAAAAA, AA
Zip: #####
Sex: Male
DOB: ##/##/####
ID: #####
Origin Date: 05/01/2010
Status: NW - New; not yet read by COB
Reason: O1 - Not yet read by COB, used with NW status

4.10 Viewing, Updating, and Deleting MSP Inquiry Transactions

Follow the steps below to search for and view a list of MSP Inquiry transactions.

Note: You can only update or delete MSP Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the *Main Menu* page, click **MSP Inquiries** under Search for Requests or Inquiries. The *MSP Inquiry Search* page appears.

Figure 4-10: MSP Inquiry Search

Table 4-9: MSP Inquiry Search

Field	Description
CONTRACTOR #	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in (<i>protected field</i>). If you are a Regional Office or CMS user, this field will be pre-filled with the CMS ID/RO number entered during contractor sign-in. Note: You can update this field with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID (HICN or MBI). Note: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. Note: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process MSP Inquiry transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable. Note: MMDDCCYY format.
ORIGIN DATE TO	Enter an ending date for the date range. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.

Field	Description
DCN	Enter a DCN. Note: If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Command button. Click to view search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

4.10.1 View Transactions

- Type search criteria in the appropriate fields and click **Submit**.
 - To create a list of all MSP Inquiries for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.
 - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

The system shows a list of MSP Inquiries (Figure 4-11). There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

- Change or delete search criteria to initiate a new search.

Figure 4-11: MSP Inquiry Search Listing

The screenshot displays the 'MSP Inquiry Search' web interface. At the top, there are search criteria fields: Contractor #, Medicare ID, SSN, Status, Reason, User ID, Origin Date From (12/12/2017), Origin Date To (06/12/2018), and DCN. A 'Display Range' dropdown is set to '1 - 500'. Below the search fields are 'Submit', 'Reset', and 'Cancel' buttons. The results section shows 'Total Records Found : 6430' and 'Current Display Range : 501 - 1000'. Navigation buttons for 'First', 'Previous', 'Next', and 'Last' are present. The table below lists several records with columns for Delete, Medicare ID, Contractor, DCN, Status, Reason, Origin Date, Last Update, and User ID.

Delete	Medicare ID	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
X	A#####	H5521	#####	CM	96	04/02/2018	04/04/2018	AAAAAAA
X	A#####	R7444	#####	CM	96	04/02/2018	04/04/2018	AAAAAAA
	A#####	H1406	#####	CM	96	01/09/2018	02/01/2018	AAAAAAA
	A#####	H2775	#####	CM	96	02/28/2018	03/22/2018	AAAAAAA
	A#####	H2001	#####	CM	96	03/15/2018	03/29/2018	AAAAAAA
	A#####	H2001	#####	CM	96	03/15/2018	03/29/2018	AAAAAAA
	A#####	H1036	#####	CM	96	03/27/2018	04/04/2018	AAAAAAA

Table 4-10: MSP Inquiry Search Listing

Field	Description
Display Range	Select a range to filter the records in the search results by a defined range. Note: This field is only visible if a search has been completed. The range in the <i>Display Range</i> field defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. Note: This field defaults to 1-500.
Delete	Click the delete [X] link to mark a transaction for deletion.
Medicare ID	Medicare ID (HICN or MBI) for the MSP Inquiry transaction (<i>protected field</i>). Click the link to view the <i>Summary</i> page.
Contractor	Contractor number (<i>protected field</i>).
DCN	DCN assigned to the MSP Inquiry transaction by the Medicare contractor (<i>protected field</i>).
Status	Status of the MSP Inquiry transaction (<i>protected field</i>).
Reason	Reason for the MSP Inquiry transaction (<i>protected field</i>).
Origin Date	Originating date in MMDDCCYY format (<i>protected field</i>).
Last Update	Date the MSP Inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>).
User ID	User ID of the operator who entered the MSP Inquiry transaction (<i>protected field</i>).
Export options	Click the link to export search results. Note: You may export all results returned, up to 500 records at a time, based on the records currently shown.

4.10.2 Update Transactions

1. To update information on an MSP Inquiry transaction, click the Medicare ID link for the transaction and the system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 4-12).
2. To leave the *Summary* page without making any changes, click **Cancel** or **Return** to return to the *Search Page Listing*.

If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page. After you have made all updates, click **Submit** to confirm updates, or click **Cancel** to return to the *MSP Inquiry Search Page Listing*.

Figure 4-12: MSP Inquiry Summary

Home CMS About Sign out

MSP Inquiry Summary [Print Summary](#)

- Action Requested
- MSP Information
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Prescription Drug
- Summary**

Action Requested

DCN: 8885577444222
Medicare ID: #####A
Activity Code: I-General Inquiries
Action Codes: DI-Develop To the Insurer
Source: SCLM-Claim submitted to Medicare Contractor for alternate payment

MSP Information

MSP Type: A- Working Aged
Patient Relationship: 02-Spouse
Effective Date: 01/01/2008
Termination Date: 04/30/2010
CMS Grouping Code: Gel Implants (Trailblazers, 00400)
Dialysis Train Date: 02/01/2010
Black Lung Benefits: Yes
Black Lung Effective Date: 01/01/2008
Send to CWF: Yes

Informant Information

Name: FIRST LAST
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (##) ###-####
Relationship: B-Beneficiary

Insurance Information

Insurance Company Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (##) ###-####
Insurance Type: C-PPD
Policy Number: #####
Group Number: #####
Subscriber/Policy Holder Name: FIRST M. LAST
Subscriber/Policy Holder SSN: ##-##-####

Employment Information

Employer Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: #####
EIN: #####
Employee Number: #####

Check Information

Check Date:
Check Amount:
Check Number:

Beneficiary Representative Information

Type: A-Attorney
Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (##) ###-####
EIN: #####
Employee Number:

Diagnosis Codes

#####	#####	#####	#####	#####
#####	#####	#####	#####	#####
#####	#####	#####	#####	#####
#####	#####	#####	#####	#####

Illness/Injury Date: MM/DD/YYYY

Prescription Drug Information

Insurance Company Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
City, State, Zip: AAAAAAAAAAAAAA, AA #####
Phone: (##) ###-####
Policy Number: #####
Effective Date:
Termination Date:
Record Type: PRI-Primary
Coverage Type: Z - Health Account (Flexible Spending Account)
Group:
BIN: 222
PCN:
ID:
Supplemental Type:
Person Code: 001-Self

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####
Name: AAAAAAAAAAAAAA
User

ID: #####
Name: FIRST LAST
Phone: (##) ###-####

Beneficiary

Medicare ID: #####
SSN: ***-**-####
Name: FIRST M LAST
Address: AAAAAAAAAAAAAA
City, State: AAAAAAAAAAAAAA, AA
Zip: #####
Sex: Male
DOB: ##/##/####
ID: #####
Origin Date: 05/01/2010
Status: NW - Rec. not yet read by COB
Reason: 01 - Not yet read by COB, used with NW status

4.10.3 Delete Transactions

1. To mark an MSP Inquiry transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline.
2. To exit the *MSP Inquiry Search* page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

Chapter 5: Prescription Drug Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a Prescription Drug assistance request. Examples and explanations are provided for each page in ECRS Web.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the Prescription Drug assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

5.1 Adding a Prescription Drug Assistance Request Transaction

Use the **Prescription Drug Assistance Request** link under Create Requests or Inquiries on the *Main Menu*, to add Prescription Drug Assistance Request transactions for Part D records.

Note: Prescription Drug Assistance Requests are only available to Part C and Part D submitters.

5.1.1 Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when Medicare ID (HICN or MBI) and other required data is entered and saved on the first page of the Prescription Drug Assistance Request (*Action Requested*). The information appears on the right side bar, and carried forward on the Prescription Drug Assistance Request transaction.

5.2 Action Requested Page

From the *Main Menu* page, click **Prescription Drug Assistance Request** under Create Requests or Inquiries. The system shows the *Action Requested* page (Figure 5-1).

The *Action Requested* page is the first page to appear when adding a new Prescription Drug Assistance Request. The information entered on this page determines required information on subsequent pages.

5.2.1 Navigation Links

Several basic navigation links are shown on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

1. Type/select data in all of the required fields on the *Action Requested* page, and click **Continue**. Required fields are noted with a red asterisk (*) and are as follows:

- DCN
- MEDICARE ID
- ACTIVITY CODE
- ACTION
- SOURCE
- RECORD TYPE
- PATIENT RELATIONSHIP

- PERSON CODE
- ORIGINATING CONTRACTOR
- EFFECTIVE DATE

Note: If beneficiary information is not found for the Medicare ID you have entered, you will not be able to continue the Prescription Drug Assistance Request.

2. After all relevant fields have been entered, click **Continue** to go to the Prescription Drug Assistance Request *Informant Information* page, or select a page link from the left side bar.
3. To exit the Prescription Drug Assistance Request Detail pages, click **Home** to return to the *Main Menu* or **Sign Out** to exit the application.

Figure 5-1: Prescription Drug Assistance *Request* Action Requested

The screenshot shows a web application interface for a Prescription Drug Assistance Request. The main content area is titled "Prescription Drug Assistance Request Action Requested" and contains a form with the following fields:

- * Required
- *DCIN: [Text Input]
- *Medicare ID: [Text Input]
- *Activity Code: [Dropdown Menu]
- *Action: [Dropdown Menu]
- [Dropdown Menu]
- [Dropdown Menu]
- [Dropdown Menu]
- [Dropdown Menu]
- [Dropdown Menu]
- *Source: [Dropdown Menu]
- MSP Type: [Dropdown Menu]
- New MSP Type: [Dropdown Menu]
- *Record Type: [Dropdown Menu]
- *Patient Relationship: [Dropdown Menu]
- New Patient Relationship: [Dropdown Menu]
- *Person Code: [Dropdown Menu]
- *Originating Contractor: [Text Input]
- *COB Effective Date: [Date Picker]
- New COB Effective Date: [Date Picker]
- Effective Date of Other Drug Coverage: [Date Picker]
- New Effective Date of Other Drug Coverage: [Date Picker]
- Termination Date: [Date Picker]
- Remove Existing Termination Date: [Checkbox]
- * Submitter Type: Part C Part D

At the bottom of the form are "Continue" and "Cancel" buttons. The left sidebar contains a navigation menu with "Action Requested" selected. The right sidebar contains a "Quick Help" section with links for "Help About This Page", "Change Contractor", and "Contractor" information.

Table 5-1: Prescription Drug Assistance Request Action Requested

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with transaction. <i>Required field.</i> The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. <i>Required field.</i> Enter the ID without dashes, spaces, or other special characters.
ACTIVITY CODE	Activity of contractor. <i>Required field.</i> Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code defining action to take on Prescription Drug record. <i>Required field.</i> Valid values are: AP Add Policy Number/Group Number BN Develop for RX BIN CT Change Termination Date CX Change RX Values (BIN, Group, PCN) DO Delete Occurrence EA Change Employer Address ED Change <i>COB</i> Effective Date EI Change Employer Info GR Develop for Group Number II Change Insurer Information IT Change Insurance Type MT Change MSP Type OH Change Effective Date <i>of Other Drug Coverage</i> PC Update RX Person Code PN Develop for/add PCN PR Change Patient Relationship TD Add Termination Date II Change Insurer Information Notes: Action code II cannot be used with action code DO. The following Actions can be combined together, but not with any other Actions: BN Develop for RX BIN GR Develop for Group Number PN Develop for/add PCN The BIN field is not required when the action code is "BN."

Field	Description
SOURCE	<p>Four-character code identifying the source of the Prescription Drug Assistance Request information. <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey
MSP TYPE	<p>One-character code identifying type of MSP coverage. Description of code appears next to value. Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability W Workers' Compensation Medicare Set Aside <p><i>Required field</i> when ACTION is MT.</p>
NEW MSP TYPE	<p>One-character code identifying type of new MSP coverage. Description of code appears next to value.</p> <p><i>Required field</i> when ACTION is MT.</p>
RECORD TYPE	<p>Prescription coverage record type <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> PRI Primary SUP Supplemental <p>Note: RECORD TYPE must be PRI when ACTION is MT.</p>

Field	Description								
<p>PATIENT RELATIONSHIP</p>	<p>Patient relationship between policyholder and beneficiary. <i>Required field.</i> Description of code appears next to value. Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policyholder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) <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="1" data-bbox="573 1094 1047 1245"> <thead> <tr> <th>MSP Type</th> <th>Patient Relationship Code</th> </tr> </thead> <tbody> <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 Code	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code								
A	01, 02								
B	01, 02, 03, 04, 05, 18, 20								
G	01, 02, 03, 04, 05, 18, 20								
<p>NEW PATIENT RELATIONSHIP</p>	<p>New patient relationship between policyholder and beneficiary. Description of code appears next to value <i>Required field</i> when ACTION is PR.</p>								
<p>PERSON CODE</p>	<p>Plan-specific person code. Values are:</p> <ul style="list-style-type: none"> 001 Self 002 Spouse 003 Other <p><i>Required field</i> when: RECORD TYPE is Supplemental ACTION is PC</p>								
<p>ORIGINATING CONTRACTOR</p>	<p>Contractor number of the contractor that created the original Prescription Drug record at MBD. <i>Required field.</i></p>								

Field	Description
<p><i>COB</i> EFFECTIVE DATE</p>	<p>COB effective date of drug coverage in MMDDCCYY format. <i>Required field.</i></p> <p>Notes: For GHP MSP <i>records</i> (MSP Types A, B, and G) it identifies <i>the</i> start date. For non-GHP MSP <i>records</i> (MSP Types D, E, L, H, and W) it identifies the date of the accident, illness, or injury; or it identifies the Medicare entitlement date, whichever is earlier.</p> <p><i>This field accepts dates up to three months from the current date for primary coverage, as follows:</i></p> <p><i>For GHP records (MSP Types A, B, and G): The COB Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future.</i></p> <p><i>For NGHP records (MSP Types D, E, L, H, and W): The COB Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future COB Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)</i></p>
<p>NEW <i>COB</i> EFFECTIVE DATE</p>	<p>New COB effective date of drug coverage in MMDDCCYY format.</p> <p><i>Required field</i> when ACTION is ED.</p> <p><i>Notes: This field accepts dates up to three months from the current date for primary coverage, as follows:</i></p> <p><i>For GHP records (MSP Types A, B, and G): The New COB Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future.</i></p> <p><i>For NGHP records (MSP Types D, E, L, H, and W): The New COB Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future New COB Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)</i></p>
<p>EFFECTIVE DATE <i>OF OTHER DRUG COVERAGE</i></p>	<p>Effective date of the other drug insurance coverage provided by the other insurance (Other Health Information) in MMDDCCYY format.</p> <p>Note: Use this date for coordination of benefits. The Part D sponsor should compare this Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.</p>
<p>NEW EFFECTIVE DATE <i>OF OTHER DRUG COVERAGE</i></p>	<p>New effective date of the other drug coverage provided by the other insurance (<i>Other Health Information</i>) in MMDDCCYY format.</p>
<p>TERMINATION DATE</p>	<p>Medicare Secondary Payer (MSP) termination date of drug coverage in MMDDCCYY format.</p> <p><i>This is the MSP end date, which identifies whether or not the primary insurance is terminated. For non-GHP MSP (MSP Types D, E, L, H, and W), it identifies the date of settlement, judgment, award, or other payment. If the insurance is open, the field is populated with all zeroes.</i></p> <p><i>Required field</i> when ACTION is TD or CT.</p>
<p><i>SUBMITTER TYPE</i></p>	<p><i>Indicates the submitter type. Select either Part C or Part D.</i></p>
<p>REMOVE EXISTING TERMINATION DATE checkbox</p>	<p>Check to remove an existing termination date.</p>
<p>CONTINUE</p>	<p>Command button. Click to go to the <i>Informant Information</i> page.</p> <p>Note: All required fields must be populated before clicking Continue.</p>

Field	Description
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

5.2.2 About Automated Action Codes

Your updates to current records on the *Prescription Drug Assistance Request Detail* page will be denied if these action codes are entered under the following conditions:

- Record not found
- AP: Same Policy Number or Group Number entered
- TD: Record previously termed, termed but same Term Date entered
- CT: Record not previously termed
- CX: Same BIN, Group, or PCN entered
- PR: Same patient relationship entered

Notes: For the five action codes indicated, ECRS will also deny an update if it conflicts with a current supplemental drug record (PAP, ADAP, SPAP, Medicaid, or Tricare).

Additionally, when processing valid PDARs submitted with action codes TD, CT, AP, CX, or PR, the system will search for matching existing drug coverage records using either the MSP Effective Date provided on the input file or the *COB Effective Date of Drug Coverage* submitted when the drug record was created.

5.3 Informant Information Page

1. Enter information on the Informant Information page regarding the person who informed you of the change in the Part D coverage.
2. After all relevant fields have been entered, click **Continue** to go to the *Insurance Information* page, or select a page link from the left side bar.

Figure 5-2: Prescription Drug Assistance Request Informant Information

Home CMS About Sign out

Prescription Drug Assistance Request Informant Information

Action Requested

Informant Information ▶

Insurance Information

Employment Information

Additional Information

Comments/Remarks

Summary

First Name:

Middle Initial:

Last Name:

Address:

City:

State, Zip: Please Select ▼ -

Phone: () -

Relationship: Please Select ▼

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####

Name: AAAAAAAAAAAAA

User

ID: #####

Name: FIRST LAST

Phone: (##) ###-####

Beneficiary

Medicare ID: #####A

SSN: ***-**-####

Name: FIRST M LAST

Address: AAAAAAAAAAAAA
AAAAAAAAAAAAA

City, State: AAAAAAAAAAAAA, AA

Zip: #####-####

Sex: Male

DOB: ##/##/####

DCN

ID: #####

Origin Date: 05/01/2010

Status: NW - New, not yet read by COB

Reason: 01 - Not yet read by COB, used with NW status

Table 5-2: Prescription Drug Assistance Request Informant Information

Field	Description
FIRST NAME	Given or first name of person informing contractor of change in Part D coverage. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in Part D coverage.
LAST NAME	Surname of person informing contractor of change in Part D coverage. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Informant’s street address. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
CITY	Informant’s city. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
STATE	Informant’s state. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
ZIP	Informant’s ZIP code. <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
PHONE	Informant’s telephone number.
RELATIONSHIP	One-character code indicating 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 W Pharmacy <i>Required field</i> for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
CONTINUE	Command button. Click to go to <i>Insurance Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

5.4 Insurance Information Page

1. Enter information on the *Insurance Information* page about the insurance type associated with the Part D record.
2. Type data in all fields that need to be revised.

Note: Action II can now be used to automatically update insurer information.

Figure 5-3: Prescription Drug Assistance Request Insurance Information

The screenshot shows a web application interface for entering insurance information. The main form area contains the following fields:

- Insurance Company Name:
- Address:
- City:
- State, Zip: Please Select -
- Phone: () -
- Insurance Type: Please Select
- New Insurance Type: Please Select
- Coverage Type: Please Select
- Policy Number:
- Group Number:
- BIN:
- PCN:
- ID:
- Supplemental Type: Please Select

At the bottom of the form are 'Continue' and 'Cancel' buttons. The right sidebar contains the following sections:

- Quick Help**: [Help About This Page](#)
- Change Contractor**: [Change Contractor](#)
- Contractor**: ID: #####, Name: AAAAAAAAAAAAAA
- User**: ID: #####, Name: FIRST LAST, Phone: (###) ###-####
- Beneficiary**: Medicare ID: #####A, SSN: ***-**-####, Name: FIRST M LAST, Address: AAAAAAAAAAAAAA AAAAAAAAAAAAAA, City, State: AAAAAAAAAAAAAA, AA, Zip: #####-####, Sex: Male, DOB: ##/##/####
- DCN**: ID: #####, Origin Date: 05/01/2010, Status: NW - New, not yet read by COB, Reason: 01 - Not yet read by COB, used with NW status

Table 5-3: Prescription Drug Assistance Request Insurance Information

Field	Description
INSURANCE COMPANY NAME	Name of Part D insurance carrier. <i>Required field</i> when ACTION CODE is II. Notes: Action code II cannot be used with action code DO. When action code II is included, a valid insurance company name must be provided. The following are invalid entries: ATTORNEY, BC, BCBS, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, XX, and UNKNOWN.
ADDRESS	First line of the insurance carrier’s street address.
(ADDRESS 2)	Unlabeled field. Second line of the insurance carrier’s street address.
CITY	City associated with the insurance carrier’s street address.
STATE	State associated with the insurance carrier’s street address.
ZIP	ZIP code associated with the insurance carrier’s street address.
PHONE	Phone number of the insurance carrier.
INSURANCE TYPE	One-character code for the type of insurance. Not used for Prescription Drug records.
NEW INSURANCE TYPE	Select a one-character code for the new type of insurance. Not used for Prescription Drug records.

Field	Description
COVERAGE TYPE	Prescription 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) <i>Required field</i> for all ACTION types (primary and supplemental).
POLICY NUMBER	Policy number of insurance coverage. <i>Required field</i> when ACTION is AP and MSP TYPE is NOT D, E, L, or W. Note: If GROUP NUMBER is entered, the POLICY NUMBER is not required.
GROUP NUMBER	Group number of insurance coverage Group, BIN, or PCN is required with Action Code CX.
BIN	Prescription Drug BIN number. Must be six digits and cannot be all the same number if COVERAGE TYPE is U.. <i>Required field</i> if COVERAGE TYPE is U and ACTION CODE is NOT BN. Group, BIN, or PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, or PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters. <i>Required field</i> if COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	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
CONTINUE	Command button. Click to go to the <i>Employment Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

5.5 Employment Information Page

1. Enter employment information associated with the Part D record on the *Employment Information* page.
2. After all relevant fields have been entered, click **Continue** to go to the *Additional Information* page, or select a page link from the left side bar.

Figure 5-4: Prescription Drug Assistance Request Employment Information

Table 5-4: Prescription Drug Assistance Request Employment Information

Field	Description
EMPLOYER NAME	Name of employer providing the group health insurance the beneficiary is covered under. <i>Required field</i> when ACTION is EA or EI.
ADDRESS	First line of the employer’s street address. <i>Required field</i> when ACTION is EI.
(ADDRESS 2)	Unlabeled field. Second line of the employer’s street address.
CITY	City associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
STATE	State associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
ZIP	ZIP code associated with the employer’s street address. <i>Required field</i> when ACTION is EI.
PHONE	Phone number of the employer
EIN	Employer identification number.
EMPLOYEE #	Employee number of the policyholder.

Field	Description
CONTINUE	Command button. Click to go to the <i>Additional Information</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

5.6 Additional Information Page

1. Enter check information on this page.
2. After all relevant fields have been entered, click **Continue** to go to the *Comments/Remarks* page, or select a page link from the left side bar.

Figure 5-5: Prescription Drug Assistance Request Additional Information

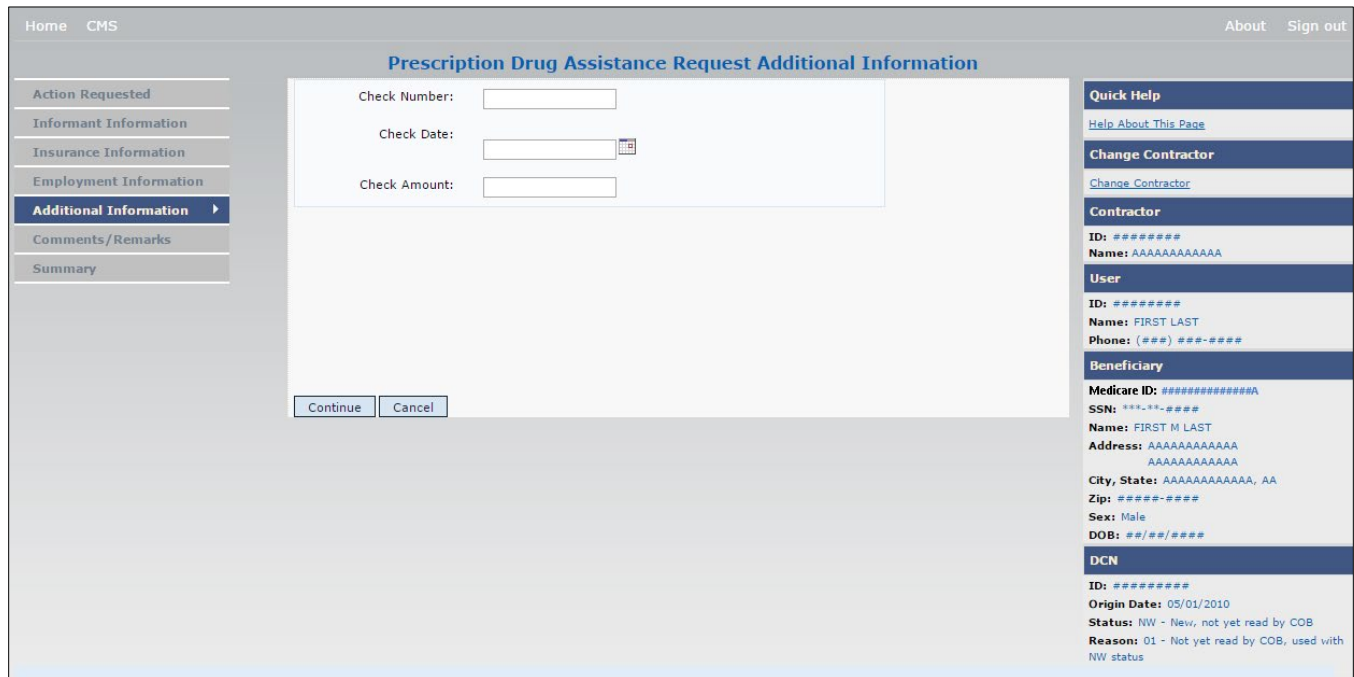


Table 5-5: Prescription Drug Assistance Request Additional Information

Field	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
CONTINUE	Command button. Click to go to the <i>Comments/Remarks</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

5.7 Comments and Remarks Page

1. Enter comments on the *Comments and Remarks* page. All comments entered are viewable by the BCRC. Refer to Appendix F for the complete list of remark codes.

Note: Remarks are only shown on the *Comments/Remarks* page when the ACTION is AR.

2. After all relevant fields have been entered, click **Continue** to go to the *Summary* page, or select a page link from the left side bar.

Figure 5-6: Prescription Drug Assistance Request Comments and Remarks

Table 5-6: Prescription Drug Assistance Request Comments and Remarks

Field	Description
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the BCRC. <i>Protected field</i> when the BCRC adds a comment. Note: The BCRC reviews these comments unless the request involves an automated action type (actions AP, CT, CX, DO, II & TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.
REMARKS	Enter at least one remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix F for more information.
CONTINUE	Command button. Click to go to the <i>Summary</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

Comments entered for the BCRC should provide explanation and additional information for the Action selected, such as the examples shown in the following table:

Table 5-7: Prescription Drug Assistance Request BCRC Example Action Details

Action	Comment
DO	PLEASE DELETE. MEMBER DID NOT ENROLL IN THE EMPLOYER’S GHP.
IT	VERIFY INS TYPE. WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES.
TD	PLEASE TERM RECORD.
CT	PER EMPLOYER, BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.

5.8 Summary Page

The *Summary* page shows a summary of all information entered for the assistance request before submission (Figure 5-7).

After typing/selecting data in all relevant fields on the previous *Prescription Drug Assistance Request* pages, review the *Summary* page and click **Submit**.

The system shows the *Submit Confirmation* page. At this point the assistance request is submitted and you can print the confirmation page.

Figure 5-7: Prescription Drug Assistance Request Summary

Home CMS Sign Navigation Adobe Acrobat
ECRS User Guide About Sign out

Prescription Drug Assistance Request Summary [Print Summary](#)

- Action Requested
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Comments/Remarks
- Summary**

Action Requested

DCN: 9876547654

Medicare ID: #####A

Activity Code: C - Claims (Pre-Payment)

Action Codes: AP - Add Policy Number/Group Number

Source: SCLM - Claim submitted to Medicare contractor for alternate payment

MSP Type: D - Automobile Insurance, No Fault

New MSP Type:

Record Type: SUP - Supplemental

Patient Relationship: 01 - Policy Holder

New Patient Relationship:

Person Code: 001 - Self

Originating Contractor: 11109

COB Effective Date: 01/16/2002

New COB Effective Date:

Effective Date of Other Drug Coverage: 01/16/2020

New Effective Date of Other Drug Coverage: 05/16/2020

Termination Date: 06/18/2007

Remove Existing Termination Date:

Submitter Type: Part D

Informant Information

Name: FIRST M. LAST

Address: AAAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAAA, AA #####

Phone: (###) ###-####

Relationship: B-Beneficiary

Insurance Information

Insurance Company Name: AAAAAAAAAAAAAA

Address: AAAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAAA, #####

Phone: (###) ###-####

Insurance Type: C-PPG

New Insurance Type:

Coverage Type: U - Drug Network

Policy Number: #####

Group Number: #####

BIN:

PCN:

ID:

Supplemental Type: L - Supplemental

Employment Information

Employer Name: AAAAAAAAAAAAAA

Address: AAAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAAA, #####

Phone: (###) ###-####

EIN: #####

Employee Number: #####

Additional Information

Check Number: ###

Check Date: 03/01/2010

Check Amount: \$350.00

Comments/Remarks

Comments: This is a sample comment

Remarks:

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####

Name: AAAAAAAAAAAAAA

User

ID: #####

Name: FIRST LAST

Phone: (###) ###-####

Beneficiary

Medicare ID: #####A

SSN: ***-**-####

Name: FIRST M. LAST

Address: AAAAAAAAAAAAAA

City, State: AAAAAAAAAAAAAA, AA

Zip: #####

Sex: Male

DOB: ##/##/####

DCN

ID: #####

Origin Date: 05/01/2010

Status: NW - New, not yet read by COB

Reason: 01 - Not yet read by COB, used with NW status

5.9 Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions

Follow the steps below to search for and view a list of Prescription Drug Assistance Request transactions.

Note: You can only update or delete Prescription Drug assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the *Main Menu* page, click the *Prescription Drug Assistance Requests* link under Search for Requests or Inquiries. The *Prescription Drug Assistance Request Search* page appears.

Figure 5-8: Prescription Drug Assistance Request Search

Table 5-8: Prescription Drug Assistance Request Search

Field	Description
CONTRACTOR #	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in (<i>protected field</i>). If you are a Regional Office or CMS user, this field will be pre-filled with the CMS ID/RO number entered during contractor sign-in. Note: This field is updateable with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID. Note: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. Note: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process Prescription Drug Assistance Request transactions, select IP in the STATUS field.
REASON	Select a reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. Note: MMDDCCYY format.

Field	Description
ORIGIN DATE TO	Enter an ending date for the date range. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.
DCN	Enter a DCN. Note: If searching by DCN, do not enter a Medicare ID or SSN.
SEARCH	Command button. Click to show search results.
RESET	Command button. Click to clear search results.
CANCEL	Click to return to the <i>Main Menu</i> .

5.9.1 View Transactions

- Type search criteria in the appropriate fields and click Submit.
 - To create a list of all Prescription Drug Assistance Requests for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.
 - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

The system shows a list of Prescription Drug Assistance Requests (Figure 5-9). There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

- Change or delete search criteria to initiate a new search.

Figure 5-9: Prescription Drug Assistance Requests Search Listing

The screenshot shows the 'Prescription Drug Assistance Request Search' interface. At the top, there are navigation links for 'Home', 'CMS', 'ECRS User Guide', 'About', and 'Sign out'. The search form includes fields for Contractor #, Medicare ID, SSN, Status, Reason, User ID, Origin Date From (12/12/2017), Origin Date To (06/12/2018), and DCN. A 'Display Range' dropdown is set to '1 - 500'. Below the form are 'Submit', 'Reset', and 'Cancel' buttons. The results section shows 'Total Records Found : 6430' and 'Current Display Range : 501 - 1000'. A table lists search results with columns: Delete, Medicare ID, Contractor, DCN, Status, Reason, Origin Date, Last Update, and User ID. The table contains five rows of data. On the right side, there is a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Contractor' details (ID, Name, User, ID, Name, Phone).

Delete	Medicare ID	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
X	A*****	H5521	*****	CM	96	04/02/2018	04/04/2018	AAAAAAA
X	A*****	R7444	*****	CM	96	04/02/2018	04/04/2018	AAAAAAA
	A*****	H1406	*****	CM	96	01/09/2018	02/01/2018	AAAAAAA
	A*****	H2775	*****	CM	96	02/28/2018	03/22/2018	AAAAAAA
	A*****	H2001	*****	CM	96	03/15/2018	03/29/2018	AAAAAAA

Table 5-9: Prescription Drug Assistance Requests Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. Note: This field is only visible if a search has been completed. The range in the DISPLAY RANGE field defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. Note: This field defaults to 1-500.
Delete	Click the delete [X] icon to mark a transaction for deletion.
MEDICARE ID	Medicare ID (HICN or MBI) for the Prescription Drug Assistance Request transaction (<i>protected field</i>). Click the Medicare ID link to view the <i>Summary</i> page.
CONTRACTOR	Contractor number (<i>protected field</i>).
DCN	DCN assigned to the Prescription Drug Assistance Request transaction by Medicare contractor (<i>protected field</i>).
STATUS	Status of the Prescription Drug Assistance Request transaction (<i>protected field</i>).
REASON	Two-character code explaining why the Prescription Drug Assistance Request is in a particular status (<i>protected field</i>). (See Appendix E for the complete list of codes.)
ORIGIN DATE	Originating date in MM-DD-CCYY format (<i>protected field</i>).
LAST UPDATE	Date Prescription Drug Assistance Request transaction was last changed in MMDDCCYY format (<i>protected field</i>).
USER ID	User ID of operator who entered the Prescription Drug Assistance Request transaction (<i>protected field</i>).
Export options	Click the link to export search results. Note: You may export all results returned, up to 500 records at a time, based on the records currently shown.

5.9.2 Update Transactions

1. To update information on a Prescription Drug Assistance Request transaction, click the Medicare ID link for the transaction and the system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 5-10).
2. To leave the *Summary* page without making any changes, click **Cancel** or **Return** to return to the *Search Page Listing*. If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page.
3. After you have made all updates, click **Submit** to confirm updates, or **Cancel** to return to the Prescription Drug Assistance Request *Search Page Listing*.

Figure 5-10: Prescription Drug Assistance Request Summary

Home CMS About Sign out

Prescription Drug Assistance Request Summary

[Print Summary](#)

- Action Requested
- Informant Information
- Insurance Information
- Employment Information
- Additional Information
- Comments/Remarks
- Summary**

Action Requested

DCN: 9876547654

Medicare ID: #####A

Activity Code: C - Claims (Pre-Payment)

Action Codes: AP - Add Policy Number/Group Number

Source: SCLM - Claim submitted to Medicare contractor for alternate payment

MSP Type: D - Automobile Insurance, No Fault

New MSP Type:

Record Type: SUP - Supplemental

Patient Relationship: 01 - Policy Holder

New Patient Relationship:

Person Code: 001 - Self

Originating Contractor: 11109

Effective Date: 01/16/2002

New Effective Date:

Termination Date: 06/18/2007

Remove Existing Termination Date:

Submitter Type: Part D

Informant Information

Name: FIRST M. LAST

Address: AAAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAAA, AA #####

Phone: (###) ###-####

Relationship: B-Beneficiary

Insurance Information

Insurance Company Name: AAAAAAAAAAAAAA

Address: AAAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAAA #####-####

Phone: (###) ###-####

Insurance Type: C-PPO

New Insurance Type:

Coverage Type: U - Drug Network

Policy Number: #####

Group Number: #####

BIN:

PCN:

ID:

Supplemental Type: L - Supplemental

Employment Information

Employer Name: AAAAAAAAAAAAAA

Address: AAAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAAA #####

Phone: (###) ###-####

EIN: #####

Employee Number: #####

Additional Information

Check Number: ###

Check Date: 03/01/2010

Check Amount: \$350.00

Comments/Remarks

Comments: This is a sample comment

Remarks:

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####

Name: AAAAAAAAAAAAAA

User

ID: #####

Name: FIRST LAST

Phone: (###) ###-####

Beneficiary

Medicare ID: #####

SSN: ***-**-####

Name: FIRST M LAST

Address: AAAAAAAAAAAAAA

City, State: AAAAAAAAAAAAAA, AA

Zip: #####-####

Sex: Male

DOB: ##/##/####

DCN

ID: #####

Origin Date: 05/01/2010

Status: NW - New, not yet read by COB

Reason: 01 - Not yet read by COB, used with NW status

Table 5-10: Prescription Drug Assistance Request Summary

Field	Description
ACTION REQUESTED	Shows information that was previously entered on the <i>Action Requested</i> page.
INFORMANT INFORMATION	Shows information that was previously entered on the <i>Informant Information</i> page.
INSURANCE INFORMATION	Shows information that was previously entered on the <i>Insurance Information</i> page.
EMPLOYMENT INFORMATION	Shows information that was previously entered on the <i>Employment Information</i> page.
ADDITIONAL INFORMATION	Shows information that was previously entered on the <i>Additional Information</i> page.
COMMENTS/REMARKS	Shows information that was previously entered on the <i>Comments/Remarks</i> page.
COB RESPONSE INFORMATION	Appears for records that are not in NW status. See below for more information.
COB COMMENTS	Free-form text field, where the BCRC’s comments appear.
USER ID	User ID of the person who entered the BCRC comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development source code indicating where the initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development source code indicating where the subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

Field	Description
RETURN	Command button. Click to return to the <i>Prescription Drug Assistance Request Search Page Listing</i> without making any updates to the transaction. Appears for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Appears for records in NW status.
CANCEL	Command button. Click to return to the <i>Search Page Listing</i> without making any updates to the transaction. Appears for records in NW status.

5.9.3 Delete Transactions

1. To mark a Prescription Drug Assistance Request transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline.
2. To exit the Prescription Drug Assistance Request Search page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

Chapter 6: Prescription Drug Inquiry Transactions

This chapter provides you with step-by-step instructions to perform a prescription drug inquiry. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the prescription coverage inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

6.1 Adding a Prescription Drug Inquiry Transaction

There are two ways to enter a Prescription Drug Inquiry:

From an MSP Inquiry

This option allows you to see Prescription Drug information associated with an MSP Inquiry.

- From the *Main Menu*, click **MSP Inquiry** under the heading Create Requests or Inquiries. The system shows the first page of the MSP Inquiry.
- Follow instructions for Adding an MSP Inquiry and enter Prescription Drug information on the *Prescription Coverage* page.

From the Main Menu

This option allows you to enter a Prescription Drug inquiry independent of an MSP inquiry. Follow the steps in Section 6.4.

6.1.1 Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when the Medicare ID (HICN or MBI) and other required data is entered on the first page of the *Prescription Drug Inquiry* (Initial Information) and you click **Continue**. The information appears on the right side bar, and is carried forward on the Prescription Drug Inquiry transaction.

6.1.2 Common Prescription Drug Sources

The following are common sources that provide contractors with prescription drug information, followed by the associated source code:

- Survey (SRVY)
- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

6.2 Initial Information Page

From the *Main Menu*, click **Prescription Drug Inquiry** under Create Requests or Inquiries.

The *Initial Information* page appears. This is the first page you see when adding a new Prescription Drug Inquiry. The information entered on this page determines required information on subsequent pages.

Figure 6-1: Prescription Drug Inquiry Initial Information

6.2.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

1. Enter data in all fields and click **Continue** to go to the *Additional Information* page, or select a page link from the left side bar.

Note: If beneficiary information is not found for the Medicare ID (HICN or MBI) you have entered, you will receive a warning message but will still be able to continue with the Prescription Drug Inquiry.

2. To exit the Prescription Drug Inquiry *Detail* pages, click **Home** to return to the *Main Menu* or **Sign Out** to exit the application.

Table 6-1: Prescription Drug Inquiry Initial Information

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with the transaction. <i>Required field.</i> The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. Enter the ID without dashes, spaces, or other special characters. <i>Required field.</i>
ACTIVITY CODE	Activity of contractor. <i>Required field.</i> Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act

Field	Description
SOURCE	Four-character code identifying source of the Prescription Drug Inquiry information. <i>Required field.</i> Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey
MSP TYPE	One-character code identifying type of MSP coverage. <i>Required field.</i> 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 L Liability
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary. Valid values are: 01 POLICYHOLDER 02 SPOUSE 03 CHILD 04 OTHER
SEND TO MDB	Indicates whether to send the Prescription Drug inquiry to MBD. <i>Required field.</i> Valid values are: YES Send to MBD (default) NO Do not send to MBD
CONTINUE	Command button. Click to go to the <i>Additional Information</i> page. You must enter data in required fields before clicking Continue .
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

6.3 Additional Information Page

On this page, enter additional information needed for the Prescription Drug inquiry.

Figure 6-2: Prescription Drug Inquiry Additional Information

After all relevant fields have been entered, click **Continue** to go to the *Prescription Coverage* page, or select a page link from the left side bar.

Table 6-2: Prescription Drug Inquiry Additional Information

Field	Description
CHECK NUMBER	Number of check received. <i>Required field</i> when SOURCE is CHEK.
CHECK DATE	Date of check received. You cannot future-date this field. <i>Required field</i> when SOURCE is CHEK.
CHECK AMOUNT	Amount of check received. <i>Required field</i> when SOURCE is CHEK.
FIRST NAME	First name of person informing contractor of change in Prescription Drug coverage. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	First initial of middle name of the person informing the contractor of the change in Prescription Drug coverage.
LAST NAME	Last name of the person informing the contractor of the change in Prescription Drug coverage. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.

Field	Description
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
PHONE	Informant's telephone number.
RELATIONSHIP	One-character code indicating the relationship of the informant to the beneficiary. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON. Valid values are: <ul style="list-style-type: none"> 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 W Pharmacy
EMPLOYER NAME	Name of employer providing the group health insurance the beneficiary is covered under.
ADDRESS	First line of the employer's street address.
ADDRESS 2	Second line of the employer's street address.
CITY	City associated with the employer's street address.
STATE	State associated with the employer's street address.
ZIP	ZIP code associated with the employer's street address.
PHONE	Phone number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of the policyholder.
CONTINUE	Command button. Click to go to the <i>Prescription Coverage</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

6.4 Prescription Drug Inquiry Prescription Drug Page

Type/select Prescription Drug information associated with the Part D coverage on this page (Figure 6-3).

- If the insurance company name is not entered, you will receive the following error message: “Please enter Insurance Company Name.”
- If the insurance company name matches any of the values listed in Table 6-3 you will you will receive the following error message: “Insurance Company Name not a valid name.”

Figure 6-3: Prescription Drug Inquiry Prescription Drug

Home CMS About Sign out

Prescription Drug Inquiry Prescription Drug Information

Insurance Company Name:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State, Zip:	Please Select <input type="text"/> - <input type="text"/>
Phone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Effective Date :	<input type="text"/>
Termination Date :	<input type="text"/>
Record Type:	Please Select <input type="text"/>
Coverage Type:	Please Select <input type="text"/>
BIN:	<input type="text"/>
PCN:	<input type="text"/>
Policy Number:	<input type="text"/>
Group:	<input type="text"/>
ID:	<input type="text"/>
Supplemental Type:	Please Select <input type="text"/>
Person Code:	Please Select <input type="text"/>

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####
Name: AAAAAAAAAAAAAA

User

ID: #####
Name: FIRST LAST
Phone: (##) ###-####

Beneficiary

Medicare ID: #####A
SSN: ***-**-####
Name: FIRST M. LAST
Address: AAAAAAAAAAAAAA
AAAAAAAAAAAA
City, State: AAAAAAAAAAAAAA, AA
Zip: #####-####
Sex: Male
DOB: ##/##/####

DCN

ID: CD05152010
Origin Date: 05/01/2010
Status: NW - New, not yet read by COB
Reason: 01 - Not yet read by COB, used with NW status

Table 6-3: Prescription Drug Inquiry Prescription Drug

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for prescription drug coverage. <i>Required field.</i> If the Insurance Company Name is blank or contains any of the following values, then it is considered an error: ADAP, ATTORNEY, BC, BCBX, BCBS, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, PAP, SPAP, SUPPLEMENT, SUPPLEMENTAL, UNK, XX, UNKNOWN
ADDRESS LINE 1	First line of the insurance carrier’s street address.
ADDRESS LINE 2	Second line of the insurance carrier’s street address.
CITY	City associated with the insurance carrier’s street address.
STATE	State associated with the insurance carrier’s street address.
ZIP	ZIP code associated with the insurance carrier’s street address.
PHONE	Phone number of the insurance carrier.
EFFECTIVE DATE	Effective date of the drug coverage. <i>Required field.</i> Notes: <i>The EFFECTIVE DATE cannot be the same as the TERMINATION DATE.</i> <i>This field accepts dates up to three months from the current date for primary coverage, as follows:</i> <i>For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future.</i> <i>For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)</i>
TERMINATION DATE	Termination date of the drug coverage. TERMINATION DATE can be all zeroes for open ended coverage. Note: TERMINATION DATE cannot be the same as the EFFECTIVE DATE. An open-ended TERMINATION DATE is automatically populated when COVERAGE TYPE is U.
RECORD TYPE	Prescription Drug Record Type. Valid values are: PRI Primary SUP Supplemental Note: Record Type must be SUP when Supplemental Type is L.
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) <i>Required field.</i>

Field	Description
BIN	Prescription Drug BIN number. Must be six digits and cannot be all the same number if COVERAGE TYPE is U. <i>Required field</i> if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, or PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Must not contain special characters. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, or PCN is required with Action Code CX.
POLICY NUMBER	Policy number of insurance coverage.
GROUP	Prescription Drug group number. Must not contain special characters. Group, BIN, or PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters. <i>Required field</i> if COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Prescription Drug Coverage policy type. Valid values are: L - Supplemental M - Medigap N - Non-qualified State Program O - Other R - Charity T - Federal Government Programs 3 - Major Medical
PERSON CODE	Plan-specific person code. <i>Required field</i> when RECORD TYPE is Supplemental or RECORD TYPE is blank and SUPPLEMENTAL TYPE is L. Values are: 001 Self 002 Spouse 003 Other
CONTINUE	Command button. Click to go to the <i>Summary</i> page.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

6.5 Summary Page

The *Prescription Drug Inquiry Summary* page (Figure 6-4) shows a summary of all information entered for the Prescription Drug inquiry before submission.

After typing/selecting data in all relevant fields on the previous Prescription Drug Inquiry pages, review the *Summary* page and click **Submit**. The *Submit Confirmation* page appears. At this point the Prescription Drug inquiry is submitted and you can print the confirmation page.

Note: You may click **Cancel** to return to the *Main Menu*.

Figure 6-4: Prescription Drug Inquiry Summary

Home CMS
About Sign on

Prescription Drug Inquiry Summary

[Print Summary](#)

- Initial Information
- Additional Information
- Prescription Drug
- Summary

Initial Information

DCN: 888555777444222

Medicare ID: #####A

Activity Code:

Source: CHEK-Unsolicited check

MSP Type:

Patient Relationship: 01-Patient is policy holder

Send to MBD: Yes

Check Information

Check Number: ###

Check Date: 01/01/2010

Check Amount: \$2022.00

Informant Information

Name: FIRST LAST

Address: AAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAA, AA #####

Phone: (###) ###-####

Relationship: B-Beneficiary

Employment Information

Employer Name: AAAAAAAAAAAAA

Address: AAAAAAAAAAAAA

City, State, Zip: AAAAAAAAAAAAA, AA #####

Phone:

EIN:

Employee Number:

Prescription Drug Information

Insurance Company Name: AAAAAAAAAAAAA

Address Line 1: AAAAAAAAAAAAA

Address Line 2:

City, State, Zip: AAAAAAAAAAAAA, AA #####

Phone: (###) ###-####

Effective Date: 01/01/2010

Termination Date: 01/01/2010

Record Type: SUP-Supplemental

Coverage Type: U-Drug Network

BIN: 2345

PCN: 444332

Policy #: #####

Group: #####

ID: #####

Supplemental Type: L-Supplemental

Person Code: 001-Self

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####

Name: AAAAAAAAAAAAA

User

ID: #####

Name: FIRST LAST

Phone: (###) ###-####

Beneficiary

Medicare ID: #####A

SSN: ***-**-####

Name: FIRST M. LAST

Address: AAAAAAAAAAAAA

AAAAAAAAAAAA

City, State: AAAAAAAAAAAAA, AA

Zip: #####

Sex: Male

DOB: ##/##/####

DCN

ID: CD05152010

Origin Date: 05/01/2010

Status: NW - New, not yet read by COB

Reason: 01 - Not yet read by COB, used with NW status

6.6 Viewing, Updating, and Deleting Prescription Drug Inquiries

Follow the steps below to search for and view a list of Prescription Drug Inquiry transactions.

Note: You can only update or delete Prescription Drug Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status.

There are two ways to access Prescription Drug Inquiries:

From an MSP Inquiry

This option allows you to see Prescription Drug information **associated with** an MSP Inquiry.

From the COB ECRS *Main Menu* web page:

1. Click **MSP Inquiries** under the heading Search for Requests or Inquiries.
2. Enter the search criteria in the appropriate fields.
3. Click **Search**.

From a Stand-Alone ECRS Prescription Drug Coverage Inquiry

This option allows you to see Prescription Drug information independent of an MSP inquiry.

From the COB ECRS *Main Menu* web page:

1. Click **Prescription Drug Inquiries** under the heading Search for Requests or Inquiries.
2. Enter the search criteria in the appropriate fields.
3. Click **Search**.

6.6.1 Tracking Prescription Drug Inquiries

When Prescription Drug information is entered in conjunction with an MSP inquiry, no additional tracking of status and reason is performed on the Prescription Drug information. Status and reason codes are tracked on the MSP inquiry only.

When Prescription Drug information is entered as a stand-alone inquiry, the following status/reason code combinations are used to track the inquiry:

- NW01 Not yet read by COB
- DE01 Deleted by Medicare Contractor
- CM15 Update Sent to MBD
- CM53 Duplicate ECRS Request
- CM60 Invalid Medicare ID
- CM92 Change of Venue not allowed after 90 days

Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

Figure 6-5: Prescription Drug Inquiry Search

Table 6-4: Prescription Drug Inquiry Search Criteria

Field	Description
CONTRACTOR	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in (<i>protected field</i>). If you are a Regional Office or CMS user, this field will be pre-filled with the CMS ID/RO number entered during contractor sign-in. Note: This field is updateable with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID (HICN or MBI). Note: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. Note: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process Prescription Drug Inquiry transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable. Note: MMDDCCYY format.
ORIGIN DATE TO	Enter an ending date for the date range. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.
DCN	Enter a DCN. Note: If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Click Submit to view search results.
RESET	Click Reset to clear search results.
CANCEL	Click Cancel to return to the <i>Main Menu</i> .

6.6.2 View Transactions

- Type search criteria in the appropriate fields and click **Submit**.
 - To create a list of all Prescription Drug Inquiries for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.
 - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

A list of Prescription Drug Inquiries appears (Figure 6-6). There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

- Change or delete search criteria to initiate a new search.

Figure 6-6: Prescription Drug Inquiry Search Listing

Table 6-5: Prescription Drug Inquiry Search Listing

Field	Description
DISPLAY RANGE	Select a range - to filter the records in the search results by a defined range. Note: This field is only visible if a search has been completed. The range in the <i>Display Range</i> field defaults to 1–500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. Note: This field defaults to 1–500.
DELETE	Click the delete [X] link to mark a transaction for deletion

Field	Description
MEDICARE ID	Medicare ID (HICN or MBI) for Prescription Drug Inquiry transaction (<i>protected field</i>). Click the Medicare ID link to view the <i>Summary</i> page
CONTRACTOR	Contractor number (<i>protected field</i>).
DCN	DCN assigned to the Prescription Drug Inquiry transaction by the Medicare contractor (<i>protected field</i>).
STATUS	Status of the Prescription Drug Inquiry transaction (<i>protected field</i>).
REASON	Two-character code explaining why the Prescription Drug Inquiry is in a particular status (<i>protected field</i>). (See Appendix E for the complete list of codes.)
ORIGIN DATE	Originating date in MM-DD-CCYY format (<i>protected field</i>).
LAST UPDATE	Date the Prescription Drug Inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>).
USER ID	User ID of the operator who entered the Prescription Drug Inquiry transaction (<i>protected field</i>).
Export options	Click the link to export search results. Note: You may export all results returned, up to 500 records at a time, based on the records currently shown.

6.6.3 Update Transactions

1. To update information on a Prescription Drug Inquiry transaction, click the Medicare ID link for the transaction. The *Summary* page for the selected transaction appears, along with page links to the information, to allow for updates (Figure 6-7).
2. To leave the *Summary* page without making any changes, click **Cancel** or **Return** to return to the *Search Page Listing*. If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page.
3. After you have made all updates, click **Submit** to confirm updates, or **Cancel** to return to the Prescription Drug Inquiry *Search Page Listing*.

Figure 6-7: Prescription Drug Inquiry Summary

Home CMS
About Sign o

Prescription Drug Inquiry Summary

[Print Summary](#)

- Initial Information
- Additional Information
- Prescription Drug
- Summary

Initial Information

DCN: 8885557744422

Medicare ID: #####A

Activity Code:

Source: CHEK-Unsolicited check

MSP Type:

Patient Relationship: 01-Patient is policy holder

Send to MBD: Yes

Check Information

Check Number: ###

Check Date: 01/01/2010

Check Amount: \$2022.00

Informant Information

Name: FIRST LAST

Address: AAAAAAAAAA

City, State, Zip: AAAAAAAAAA, AA #####

Phone: (###) ###-####

Relationship: B-Beneficiary

Employment Information

Employer Name: AAAAAAAAAA

Address: AAAAAAAAAA

City, State, Zip: AAAAAAAAAA, AA #####

Phone:

EIN:

Employee Number:

Prescription Drug Information

Insurance Company Name: AAAAAAAAAA

Address Line 1: AAAAAAAAAA

Address Line 2:

City, State, Zip: AAAAAAAAAA, AA #####

Phone: (###) ###-####

Effective Date: 01/01/2010

Termination Date: 01/01/2010

Record Type: SUP-Supplemental

Coverage Type: U-Drug Network

BIN: 2345

PCN: 444332

Policy #: #####

Group: #####

ID: #####

Supplemental Type: L-Supplemental

Person Code: 001-Self

Quick Help

[Help About This Page](#)

Change Contractor

[Change Contractor](#)

Contractor

ID: #####

Name: AAAAAAAAAA

User

ID: #####

Name: FIRST LAST

Phone: (###) ###-####

Beneficiary

Medicare ID: #####A

SSN: ***-**-####

Name: FIRST M. LAST

Address: AAAAAAAAAA
AAAAAAAAAA

City, State: AAAAAAAAAA, AA

Zip: #####

Sex: Male

DOB: ##/##/####

DCN

ID: CD05152010

Origin Date: 05/01/2010

Status: NW - New, not yet read by COB

Reason: 01 - Not yet read by COB, use with NW status

Submit
Cancel

Table 6-6: Prescription Drug Inquiry Summary

Field	Description
INITIAL INFORMATION	Shows information that was previously entered on the <i>Initial Information</i> page.
ADDITIONAL INFORMATION	Shows information that was previously entered on the <i>Additional Information</i> page.
PRESCRIPTION COVERAGE	Appears information that was previously entered on the <i>Prescription Coverage</i> page.
COB RESPONSE INFORMATION	Appears for records that are not in NW status. See below for more information.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development source indicating where the initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development source indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
RETURN	Command button. Click to return to the <i>Prescription Drug Inquiry Search Page Listing</i> without making any updates to the transaction. Appears for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Appears for records in NW status.
CANCEL	Command button. Click to return to the <i>Search Page Listing</i> without making any updates to the transaction. Appears for records in NW status.

6.6.4 Delete Transactions

To mark a Prescription Drug Inquiry transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline. To exit the *Prescription Drug Inquiry Search* page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

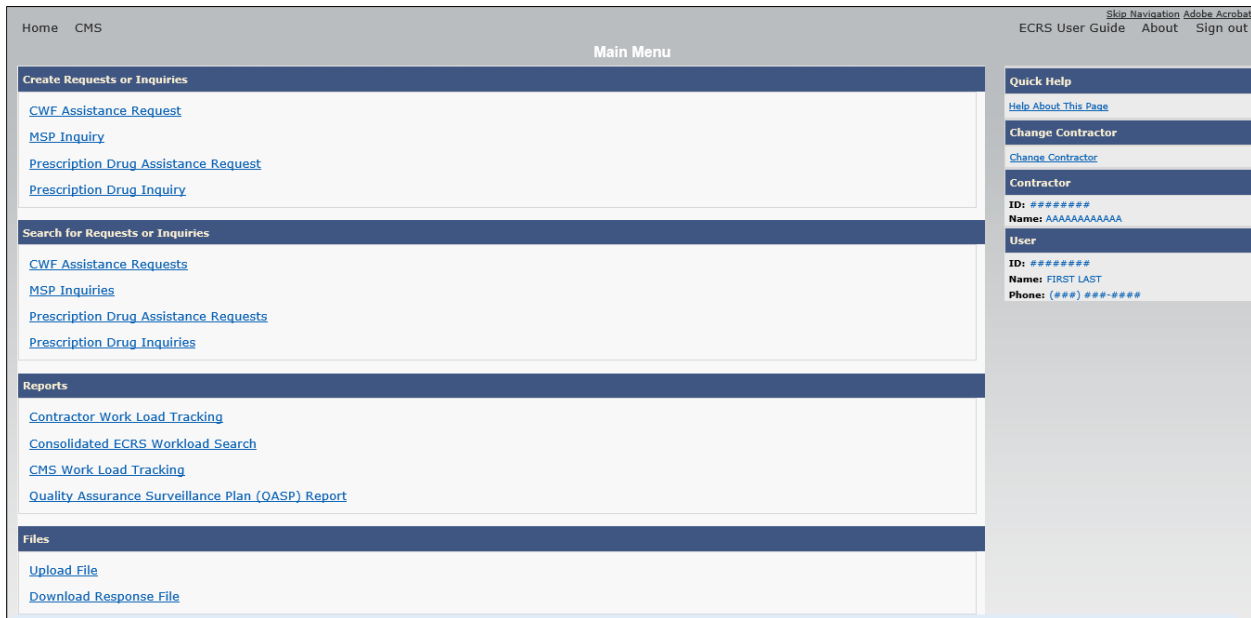
Chapter 7: Reports

This chapter provides details regarding the reporting functions that are available within the ECRS application. The following sections provide step-by-step instructions for generating and creating each report. It should be noted access to reports may be limited based on the user locations.

7.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

Figure 7-1: Main Menu (Contractor View)



7.2 Contractor Workload Tracking Report

The *Contractor Workload Tracking* report provides Medicare contractors with statistics on the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that your contractor site submitted during a date range you specify. Statistics also include the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

To create a workload tracking report:

1. From the *Main Menu*, click the **Contractor Workload Tracking** link in the Reports section.

The *Contractor Workload Tracking* page appears (Figure 7-2).

2. Enter the desired criteria in the search fields and click **Search**.
The search page reappears with the results shown at the bottom of the page (Figure 7-3).
3. To change the search criteria, click **Reset** to clear all search criteria and results. Then enter new search criteria and click **Search**.
4. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Options** link.
5. To exit the *Contractor Workload Tracking* page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-2: Contractor Workload Tracking

Figure 7-3: Contractor Workload Tracking Results

Contractor	AC	Assist Requests	Assist Requests Rejects	Inquiries	Inquiries Rejects	Net Total	Gross Total
00020	C	2,579	0	240	0	2,819	2,819
00020	D	723	0	423	1	430	432
00020	G	77	0	0	0	119	119
00020	I	119	0	455	0	470	574
00020	N	3,661	1	4,571	0	8,223	8,232

Export options: CSV

Table 7-1: Contractor Workload Tracking Criteria

Field	Description
Date From	Enter a start date for the reporting period. Defaults to the first day of the previous month.
Date To	Enter an end date for the reporting period. Defaults to the last day of the previous month.
Status	Select a two-character status code. Values include: NW – New CM – Completed IP – In Process Default is all statuses if none are selected.
Reason	Select a reason code from the drop-down menu. (See Appendix E for the complete list of codes.)
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. C – Claims (Pre-Payment) D – Debt Collection/Referral G – Group Health Plan I – General Inquiries N – Liability, No Fault, Workers’ Compensation, and Federal Tort Claim Act Blank – Prescription Drug Inquiries Default value is ALL if none are selected.
Search	Command button. Click to create the report using the selected criteria.
Reset	Command button. Click to clear search criteria and results.
Cancel	Command button. Click to go to the <i>Main Menu</i> .

Table 7-2: Contractor Workload Tracking Listing

Field	Description
Contractor	Five-digit contractor number sorted in ascending order.
Activity Code (AC)	Activity code counts sorted in ascending order.
Assistance Requests	Number of CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (<i>protected field</i>).
Assistance Requests Rejects	Number of duplicate CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (CM53) (<i>protected field</i>).
Inquiries	Number of MSP Inquiries and Prescription Drug Inquiries submitted by contractor for each activity code (<i>protected field</i>).
Inquiries Rejects	Number of duplicate MSP Inquiries and PD Inquiries submitted by contractor for each activity code (CM53), combined with number of MSP Inquiries submitted by contractor that should have been a CWF Assistance Request (CM87) (<i>protected field</i>).
Net Total	Net total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, excluding duplicates (<i>protected field</i>).

Field	Description
Gross Total	Gross total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, including duplicates (<i>protected field</i>).
Export Options	Click to launch the <i>File Save</i> dialog.
Print Report/Export Data	Click to launch the <i>Print</i> dialog.

7.3 Consolidated ECRS Workload Search

The **Consolidated ECRS Workload Search** feature allows Medicare contractors to select and verify the receipt and status of all submitted requests (MSP Inquiries, CWF Assistance Requests, Prescription Drug Inquiries, and Prescription Drug Assistance Requests). Up to 500 records will appear in the results.

Note: This feature is not available for RO and CMS users.

To conduct a search:

1. Click the **Consolidated ECRS Workload Search** link under the Reports section.

The *Consolidated ECRS Workload Search* page appears.

2. Enter the desired criteria in the search fields and click **Search**.

The search page reappears with the results shown at the bottom of the page (Figure 7-5).

3. To change the search criteria, click **Reset** to clear all search criteria and results. Then enter new search criteria and click **Search**.

4. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Options** link.

5. To exit the *Consolidated ECRS Workload Search* page, click the **Home** link in the upper navigation bar.

This returns you to the *Main Menu*.

Figure 7-4: Consolidated ECRS Workload Search

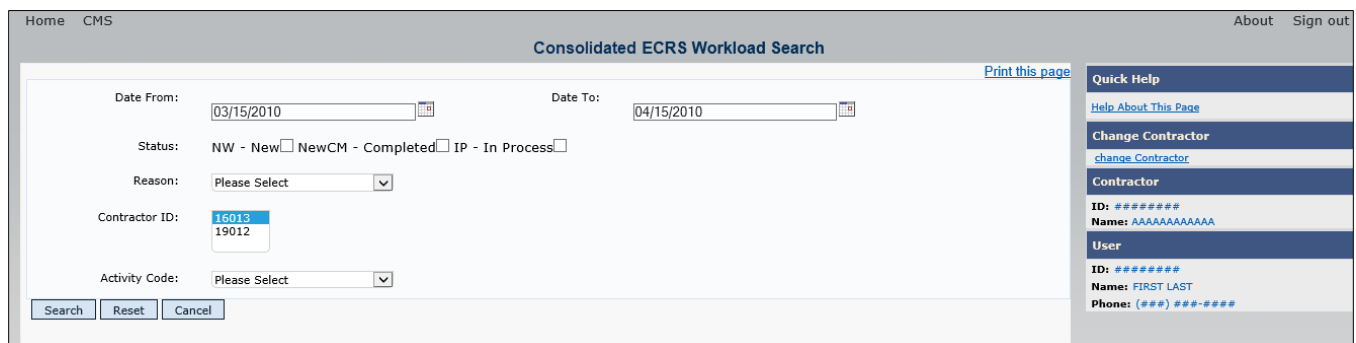


Figure 7-5: Consolidated ECRS Workload Search Results

Table 7-3: Consolidated ECRS Workload Search

Field	Description
Date From	Enter a start date for the submission period (format: MM/DD/YYYY) <i>(required field)</i> . Note: The date defaults to the last day of the previous month. The range is limited to 31 days.
Date To	Enter an end date for the submission (format: MM/DD/YYYY) <i>(required field)</i> .
Status	Select a two-character code. Values include: NW – New CM – Completed IP – In Process Default is ALL statuses if none are selected.
Reason	Select a two-character numeric code from the drop-down menu.
Contractor ID	Select one or more contractor IDs from the drop-down menu <i>(required field)</i> . Note: This menu lists all contractor IDs associated with your login. The default value is ALL if you have more than one contractor ID.
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. C – Claims (Pre-Payment) D – Debt Collection/Referral G – Group Health Plan I – General Inquiries N – Liability, No Fault, Workers’ Compensation, and Federal Tort Claim Act Blank – Prescription Drug Inquiries Default value is ALL if none are selected.
Search	Click Search to create the report with the selected criteria.

Field	Description
Reset	Click Reset to clear all search criteria and results.
Cancel	Click Cancel to return to the <i>Main Menu</i> without saving changes.

Table 7-4: Consolidated ECRS Workload Search Listing

Field	Description
Contractor	Shows the selected five-digit contractor IDs associated with the contractor who submitted the request.
Request Type	Shows the request type: MSP Inquiry, CWF Assistance Request, Prescription Drug Inquiry, or Prescription Drug Assistance Request (<i>protected field</i>).
Medicare ID	Shows the masked HICN or MBI associated with the request (<i>protected field</i>).
DCN	Shows the Medicare contractor-assigned DCN associated with the request (<i>protected field</i>).
Status	Shows either NW, CM, or IP (<i>protected field</i>).
Reason	Shows the reason code associated with the request (<i>protected field</i>). See Appendix E for the complete list of codes.
Activity Code	Activity of the contractor (<i>protected field</i>). Valid values include: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers’ Compensation, and Federal Tort Claim Act Blank Prescription Drug Inquiries
User ID	Shows the user ID associated with the contractor that submitted the request (<i>protected field</i>).
Last Update Date	Shows the date the request was last updated (<i>protected field</i>).
Total Inquiries	Shows the total number of MSP Inquiries and Prescription Drug Inquiries (<i>protected field</i>).
Total Assistance Requests	Shows the total number of CWF Assistance Requests and Prescription Drug Assistance Requests (<i>protected field</i>).
Export Data/Export Options	Click to launch the <i>File Save</i> dialog.
Print Report/Export Data	Click to launch the <i>Print</i> dialog.

7.4 CMS Workload Tracking Report

The *CMS Workload Tracking* report provides CMS and RO users with statistics on the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that contractor sites submitted during a date range you specify. Statistics also include information about the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

Follow the steps below to review the workload for selected contractor sites.

1. From the *Main Menu*, click the **CMS Workload Tracking** link in the Reports section.
The *CMS Workload Tracking* page appears.
2. Enter the desired criteria in the search fields and click **Search**.
The *CMS Workload Tracking* page appears, with report details shown at the bottom of the page (Figure 7-7).
3. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Data** link.
4. Change the search criteria and click **Search** to re-create the report using the revised criteria.
Click **Reset** to clear all search criteria.
5. To exit the *CMS Workload Tracking* web page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-6: CMS Workload Tracking

The screenshot shows the 'CMS Workload Tracking' web application interface. At the top, there is a navigation bar with 'Home' and 'CMS' on the left, and 'About' and 'Sign out' on the right. The main title 'CMS Workload Tracking' is centered. Below the title, there is a search form with the following fields: 'Date From:' (03/15/2010), 'Date To:' (04/15/2010), 'Status:' (radio buttons for NW - New, CM - Completed, IP - In Process), 'Reason:' (Please Select dropdown), 'Contractor Numbers:' (text input), and 'Activity Code:' (Please Select dropdown). At the bottom of the search form are 'Search', 'Reset', and 'Cancel' buttons. On the right side, there is a sidebar with a 'Print this page' link and a 'Quick Help' section containing 'Help About This Page', 'Change Contractor' (with a 'change_Contractor' link), and 'Contractor' details (ID: #####, Name: AAAAAAAAAAAAA). Below that is a 'User' section (ID: #####, Name: FIRST LAST, Phone: (###) ###-####).

Table 7-5: CMS Workload Tracking Selection Criteria

Field	Description
Date From	Enter a start date for the reporting period. Defaults to the first day of the previous month.
Date To	Enter an end date for the reporting period. Defaults to the last day of the previous month.
Status	Select a two-character code. Values include: NW – New CM – Completed IP – In Process Default is all statuses if none are selected.
Reason	Select a reason code from the dropdown list. (See Appendix E for the complete list of codes.)
Contractor ID	Enter a contractor number to view its associated CMS workload statistics. Leave the field blank to show results for all contractors.
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. C – Claims (Pre-Payment) D – Debt Collection/Referral G – Group Health Plan I – General Inquiries N – Liability, No Fault, Workers’ Compensation, and Federal Tort Claim Act Blank – Prescription Drug Inquiries Default value is ALL if none are selected.
Search	Click Search to create the report with the selected criteria.
Reset	Click Reset to clear all search criteria and results.
Cancel	Click Cancel to return to the <i>Main Menu</i> without saving changes.

Figure 7-7: CMS Workload Tracking Sample

The screenshot shows the 'Contractor Workload Tracking' page. At the top, there are navigation links for 'Home', 'CMS', 'About', and 'Sign out'. The main heading is 'Contractor Workload Tracking' with a 'Print this page' link. Below the heading is a search filter section with the following fields:

- Date From: 03/15/2010
- Date To: 04/15/2010
- Status: NW - New CM - Completed IP - In Process
- Reason: Please Select (dropdown)
- Activity Code: Please Select (dropdown)

 There are 'Search', 'Reset', and 'Cancel' buttons. To the right of the search filter is a sidebar with 'Quick Help' (Help About This Page), 'Change Contractor' (change Contractor), and 'Contractor' (ID: #####, Name: AAAAAAAAAAAAA) and 'User' (ID: #####, Name: FIRST LAST, Phone: (###) ###-####) information. Below the search filter is a table with the following data:

Contractor	AC	Assist Requests	Assist Requests Rejects	Inquiries	Inquiries Rejects	Net Total	Gross Total
00020	C	2,579	0	240	0	2,819	2,819
00020	D	723	0	423	1	430	432
00020	G	77	0	0	0	119	119
00020	I	119	0	455	0	470	574
00020	N	3,661	1	4,571	0	8,223	8,232

 At the bottom left, there is an 'Export options: CSV' link.

Table 7-6: Reports, Workload Tracking Report Detail

Field	Description
Contractor	Five-digit contractor number sorted in ascending order.
Activity Code (AC)	Activity code counts for each individual ECRS contractor, sorted in ascending order for each contractor.
Assistance Requests	Number of CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (<i>protected field</i>).
Assistance Requests Rejects	Number of duplicate CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (CM53) (<i>protected field</i>).
Inquiries	Number of MSP Inquiries Prescription Drug Inquiries submitted by contractor for each activity code (<i>protected field</i>).
Inquiries Rejects	Number of duplicate MSP Inquiries and PD Inquiries submitted by contractor for each activity code (CM53), combined with number of MSP Inquiries submitted by contractor that should have been a CWF Assistance Request (CM87) (<i>protected field</i>).
Net Total	Net total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, excluding duplicates (<i>protected field</i>).
Gross Totals	Gross total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, including duplicates (<i>protected field</i>).
Export Data/Export Options	Click to launch the <i>File Save</i> dialog.
Print Report/Export Data	Click to launch the <i>Print</i> dialog.

7.5 QASP Report

The *Quality Assurance Surveillance Plan (QASP)* report provides CMS and RO users with statistics on the number of ECRS Inquiries and Assistance Requests that contractor sites submitted during a date range you specify. The report is sorted by contractor number.

Note: Search results are limited to 3000 transactions, sorted by the most recent origination date. If more than 3000 transactions are returned, revise your search criteria.

Follow the steps below to review ECRS Inquiry and Assistance Request statistics for selected contractor sites.

1. From the *Main Menu*, click the **Quality Assurance Surveillance Plan (QASP) Report** link in the Reports section. The *QASP Report* page appears.

2. Enter the desired criteria in the search fields and click **Submit**.

The *QASP Report* page appears, with report details shown at the bottom of the page (Figure 7-9).

3. Export the report to a file by clicking the **Export Data** link.

4. Change the search criteria and click **Submit** to re-create the report using the revised criteria. Click **Reset** to clear all search criteria.

5. To exit the *QASP Report* page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-8: QASP Report

The screenshot shows the 'Quality Assurance Surveillance Plan (QASP) Report' page. At the top, there are navigation links for 'Home' and 'CMS' on the left, and 'About' and 'Sign out' on the right. The main heading is 'Quality Assurance Surveillance Plan (QASP) Report'. Below this is a search form with the following fields: 'Transaction Type' (a dropdown menu with 'Please Select' selected), 'Origin Date From' (a text input field with '01/01/2010'), 'Source Codes' (a dropdown menu with 'Please Select' selected), and 'Origin Date To' (a text input field with '02/01/2010'). Below these are five text input fields for 'Contractor #'. At the bottom of the form are three buttons: 'Submit', 'Reset', and 'Cancel'. On the right side, there is a sidebar with a 'Quick Help' section containing a link 'Help About This Page', a 'Change Contractor' section with a link 'Change Contractor', and a 'Contractor' section with fields for 'ID: *****', 'Name: AAAAAAAAAAAAAA', and 'User' section with fields for 'ID: *****', 'Name: FIRST LAST', and 'Phone: (###) ###-####'.

Table 7-7: QASP Report Selection Criteria

Field	Description
Transaction Type	Select a transaction type. Options are: M MSP Inquiry R CWF Assistance Request P Prescription Drug Inquiries D Prescription Drug Assistance Requests To search for all transaction types, leave this field blank.
Source Codes	Select a source. Options are: CHEK LTTR SCLM SRVY To search for all sources, leave this field blank.
Origin Date From	Enter a start date for the reporting period. Defaults to the first day of the previous month.
Origin Date To	Enter an end date for the reporting period. Defaults to the last day of the previous month. The origination date range cannot be greater than 6 months.
Contractor #	Enter a contractor number to view its associated CMS workload statistics. Leave the field blank to view results for all contractors. Enter at least one, but no more than ten, contractor numbers.
Export Data	Link. Click to launch the <i>File Save</i> dialog.
Submit	Click Submit to create the report with the selected criteria.
Reset	Click Reset to clear all search criteria and results.
Cancel	Click Cancel to return to the <i>Main Menu</i> without saving changes.

Figure 7-9: QASP Report Listing

Transaction Type: Origin Date From:

Source Codes: Origin Date To:

Contractor #:

2 items found, displaying all items.

Contractor	Medicare ID	Beneficiary Name	Transaction Type	Source Code	Date
*****	*****A	FIRST M LAST	Prescription Drug Assistance Request	SCLM	01/05/2010
*****	*****A	FIRST M LAST	MSP Inquiry	CHEK	02/01/2010

Export options: CSV

Table 7-8: QASP Report Listing

Field	Description
Contractor	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify Medicare contractors.
Medicare ID	Medicare ID (HICN or MBI) of the beneficiary associated with the record or transaction.
Beneficiary Name	Name of the beneficiary associated with the record or transaction.
Transaction Type	Type of record or transaction.
Source Code	Source of the record or transaction.
Date	Origination date of the record or transaction.

Chapter 8: Uploading and Downloading Files

Users with upload and download authority will see **Upload File** and **Download Response File** links on the *Main Menu*. Most users have upload/download authority for a single Medicare contractor, but some users have the authority to upload and download files for multiple contractors. Users with upload/download authority for multiple contractors must have upload/download authority for each contractor on the file. See Appendix G for transaction file and response file layouts.

Note: The file layouts included in this manual should be utilized for all transmission methods. The authority for users to upload and download Assistance Request and Inquiry files resides in the EDI application. Before users can upload Assistance Request and Inquiry files (or download the corresponding response files), they must first be granted permission in the EDI application. To request permission for upload/download authority, call the EDI Department at 646-458-6740.

8.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

8.2 Upload Assistance Request and Inquiry Files

Use the **Upload File** link under the Files section on the *Main Menu* to access the *Upload File* page. The *Upload File* page allows you to browse, select, and upload transaction files stored on your system. In addition to allowing a user to upload a new file, the *Upload File* page also shows a listing of the ten most recently uploaded files.

Follow the steps below to upload Assistance Request and Inquiry files.

1. From the *Main Menu*, click the **Upload File** link in the Files section.

The *File Upload* page appears (Figure 8-1).

2. Enter the file path in the FILE TO UPLOAD field; or click the **Browse** button and select the file to upload.
3. Click **Continue**.

The system uploads the file and the *Upload File Confirmation* page appears. The page contains the file name and date/time of the upload.

4. Print the *Confirmation* page by clicking the **Print Confirmation** link, or return to the *Main Menu* by clicking the **Home** link in the navigation bar at the top of the page.

Figure 8-1: ECRS File Upload

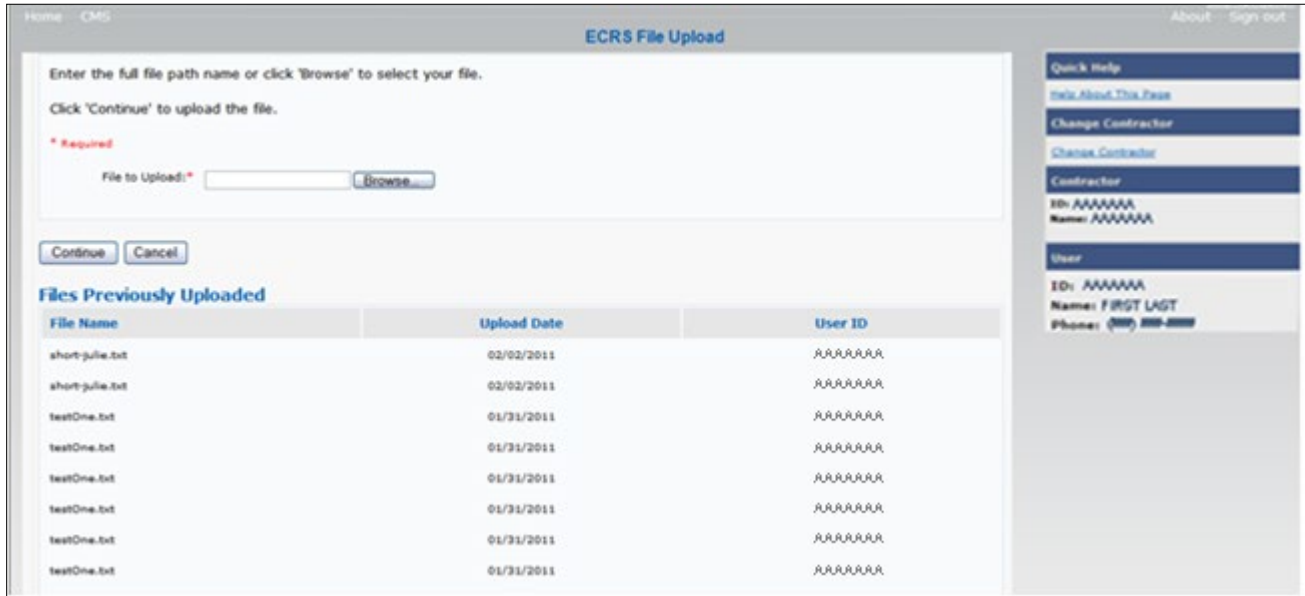


Table 8-1: ECRS File Upload

Field	Description
FILE TO UPLOAD	File path of the file to upload to the ECRS system.
BROWSE	Command button. Click to launch the <i>Choose File</i> dialog.
CONTINUE	Command button. Click to upload the file entered in the File to Upload field.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .
FILE NAME	File name of previously uploaded file.
UPLOAD DATE	Date the file was uploaded.
USER ID	User ID of the person who uploaded the file.

8.3 Download Assistance Request and Inquiry Response Files

Use the **Download Response File** link under the Files section on the *Main Menu* to access the *Download Response File* page. The *Download Response File* page shows a list of response files available for download. Users with upload/download authority for several contractors can only download files for the current contractor. Use the **Change Contractor** link on the right navigation menu to select a different contractor to download for.

Note: Only transactions that have been uploaded using ECRS Web will have response files available for download.

Follow these steps to download Assistance Request and Inquiry Response files.

1. From the *Main Menu*, click the **Download Response File** link in the Files section.

The *Download Response Files* page appears.

2. Click a file name link to download the file.

The system downloads and shows the detail records from the selected response file (Figure 8-3).

3. Return to the *Main Menu* by clicking the **Cancel** link in the navigation bar at the top of the page.

Figure 8-2: Download Response Files

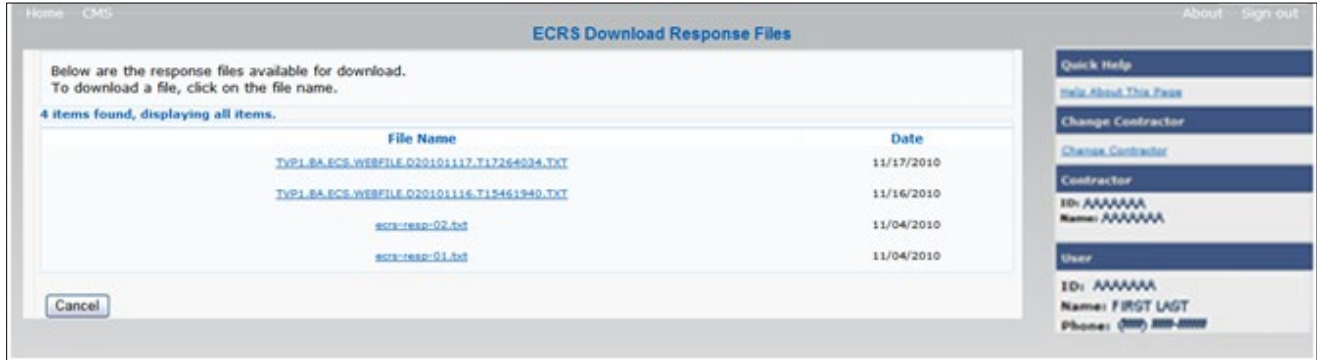
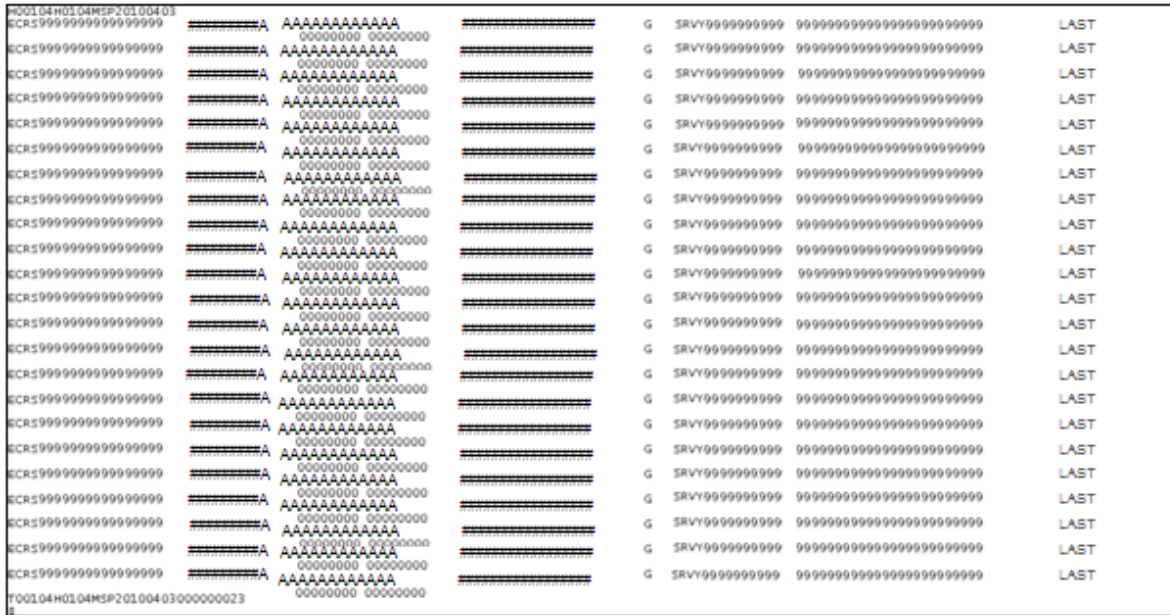


Table 8-2: Download Response Files

Field	Description
FILE NAME	List of response files available for download. Click the individual file name to download the response file
DATE	Date the response files were processed.
CANCEL	Command button. Click to return to the <i>Main Menu</i> .

Figure 8-3: Response File Example



8.4 Alternative File Submission Options

We highly recommend that ECRS users use the features of ECRS Web as it is the most effective of the options, but if it is necessary, there are two additional options for communicating with ECRS. You can use the CMS Electronic File Transfer (EFT) protocol, or you can choose to send these files using a Secure FTP/Gentran Mailbox already established with CMS.

The file naming conventions are different for the CMS EFT than they are for the Gentran Mailbox. For the CMS EFT, the naming conventions are as follows:

Production or Test Files

Input Files: P#/T#EFT.ON.NDM.ECRS.INPUT.Dyymmdd.Thhmsst

Response Files (sent ECRS Plans)

Response Files: HLQ.RXnnnn.ECRS.RESP.Dyymmdd.Thhmsst

Notes:

- P/T = Production or Test
- HLQ = Customer-defined high-level qualifier, one for production and one for test
- RXnnnn = ‘R’ plus five-digit ECRS Plan ID (one alpha + four numeric)
- Dyymmdd.Thhmsst = Current date and time

If you decide to use your Gentran Mailbox to submit, the naming convention is different. In the following dataset name, complete the information as you normally would to send a file, but in the APPID node you will enter ECRS.

GUID.RACFID.APPID.X.UNIQUEID.FUTURE.P.ZIP

8.5 File Submission Errors

If you upload a file with an error in the Header or Trailer, that contains incorrect or invalid characters, or that has an incorrect record length, ECRS will show an error code and message (see Appendix H) on the *File Upload* page. When an upload error occurs, you will see the following message: “Please make corrections and resubmit your file.”

Chapter 9: Identification Management (IDM) Registration, Remote Identity Proofing (RIDP), and Multi-Factor Authentication (MFA)

9.1 Introduction

This section provides step-by-step instructions for active EIDM ECRS users whose accounts were migrated from the EIDM to the IDM process and for new users registering on the CMS Portal for the first time.

If you were a former EIDM ECRS user with an active account: valid login ID and password, and an application role, and who completed the Remote Identify Proofing (RIDP) verification process, you can now go to the Portal page and log in. When logging in for the first time, your initial (default) security authentication will be by email, and you will also be asked to set up one challenge question and answer. After you complete this step, should you ever forget your password, or if your account is locked, you can use the IDM self-service features to regain access (Section 9.5).

If you have never registered or created an account previously, you will need to complete the account registration process on the CMS Portal (Section 9.5.3), and the RIDP verification process (Section 9.7). These steps are part of requesting access to the ECRS application and a user role.

Whether you are a former active EIDM user or a new user, the default multi-factor authentication (MFA) method assigned to your IDM account is email. However, once you log in to the CMS Portal, you can then set up other authentication devices (See Manage MFA Devices).

9.2 About RIDP and MFA

RIDP is an identity verification process that requires you to provide information to Experian® (an external credit service agency) that is sufficient to prove your identity. MFA is a security authentication process that requires you to enter a unique security code either through your email, or through another registered authentication device (such as a phone application) to complete your login.

You only need to complete the RIDP setup process **once**. You will not need to repeat this process when requesting access and roles for other applications managed through the IDM system. You can set up alternate MFA devices at any time.

9.3 EIDM Users

If you were an active EIDM ECRS user, your account information has been migrated to use the IDM process. Active accounts must have a valid login ID and password, and have current access to ECRS with an application role. You must also have completed the RIDP process. If this is your case, you can go directly to the CMS Portal and log in (Section 9.3.1). Otherwise, contact the ECRS Help Desk at 646-458-6740.

When logging in to the CMS Portal for the first time, your default security authentication will be by email. However, once logged in, you can set up additional authentication devices through your profile (Section 9.4.1).

9.3.1 Login Process

See Section 2.6.2 for login steps for current ECRS users, including migrated EIDM users.

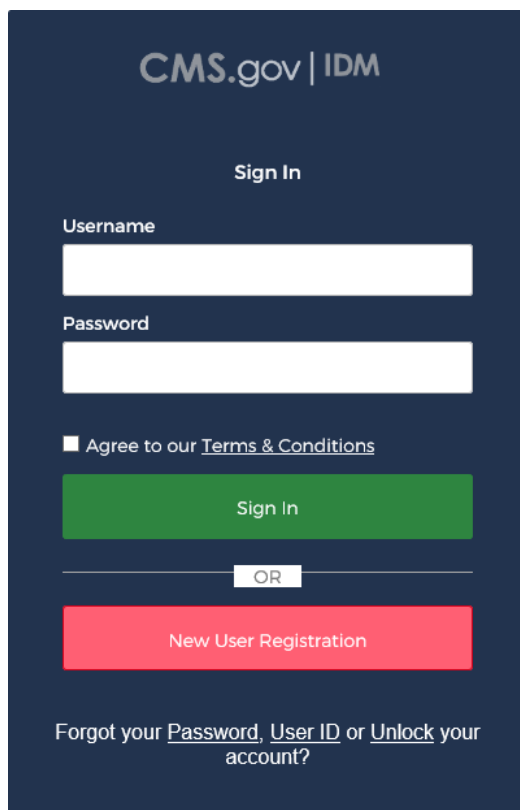
9.4 New Users

Follow these steps to register and log in if you are a new user on the CMS Portal. All new registrations and requests for ECRS access and roles are done through the portal. See Section 9.5.3 for requesting access to ECRS.

9.4.1 Login Process

1. Go to <https://portal.cms.gov/>.
The CMS Portal login page appears.
2. Click **New User Registration**.

Figure 9-1: CMS Portal Login



3. Complete your personal and contact information. Check the box to indicate that you agree to the terms and conditions (Figure 9-2).

If your address is not within the U.S., click **No** when you answer the question “Is Your Address US Based?”

Note: If you live overseas, you will not be able to complete the RIDP process (see Section 9.7.2 for details regarding manual ID proofing).

Figure 9-2: Step 1: Enter Personal and Contact Information

The screenshot shows a registration form titled "Step #1: Please enter your personal and contact information." with a sub-note "All fields are required unless marked as optional". The form includes the following fields and controls:

- Enter First Name, Enter Middle Name (optional), Enter Last Name, and Enter Suffix (optional) (with a dropdown menu for "Suffix (optional)").
- Enter Birth Month (dropdown), Enter Birth Date (dropdown), and Enter Birth Year (dropdown).
- Is your address US based? with radio buttons for Yes (selected) and No.
- Enter Home Address #1 and Enter Home Address #2 (optional).
- Enter City, Enter State (dropdown), Enter Zip Code, and Enter Zip Code Ext (optional).
- Enter Phone Number.
- Enter E-mail Address and Confirm E-mail Address.
- A checkbox for "Agree to our Terms & Conditions".
- Buttons for "Cancel" and "Next".

Figure 9-3: Step #2: Create User ID, Password, and Challenge Question

The screenshot shows a registration form titled "Step #2: Create User ID, Password & Challenge Questions" with a sub-note "All fields are required unless marked as optional". The form includes the following fields and controls:

- Enter User ID.
- Enter Password and Confirm Password (both with eye icons for visibility toggles).
- Select Challenge Question (dropdown) and Enter Challenge Question Answer.
- Buttons for "Back", "Submit", and "Cancel".

4. Create a user ID and password, and select your challenge question and answer. Then click **Submit**. A *Confirmation* appears. When successful, you will automatically be transferred to the IDM login page. Otherwise, correct your errors and then resubmit.

9.5 Self-Service Dashboard and Features

Once you log in, the self-service dashboard become your “home” page. Dashboard options include:

- Manage your profile information (My Profile)
Click **My Profile** to manage your MFA devices.
- Request applications and roles (Role Request)
This option will also initiate the RIDP process if have not already completed it.
- Manage existing roles (Manage My Roles)
- Manage role requests (My Requests)

Other self-service features include the **forgot password** and **unlock account**, which are links available on the CMS Portal login page (but not the ECRS login page). By default, the forgot password and unlock account features work by sending a security code to the email you set up during new user registration or, if you are a legacy EIDM user, the email that was included when your EIDM account was migrated to IDM. **Note:** The only recovery methods you can use to reset a forgotten password or to unlock your account are email, SMS (text message), and IVR (interactive voice response). You cannot use a phone application (i.e., Google Authenticator or OKTA Verify).

IDM also provides a way to retrieve a forgotten user ID (Section 9.5.8) and to update expired passwords (Section 9.6).

Figure 9-4: Self-Service Dashboard

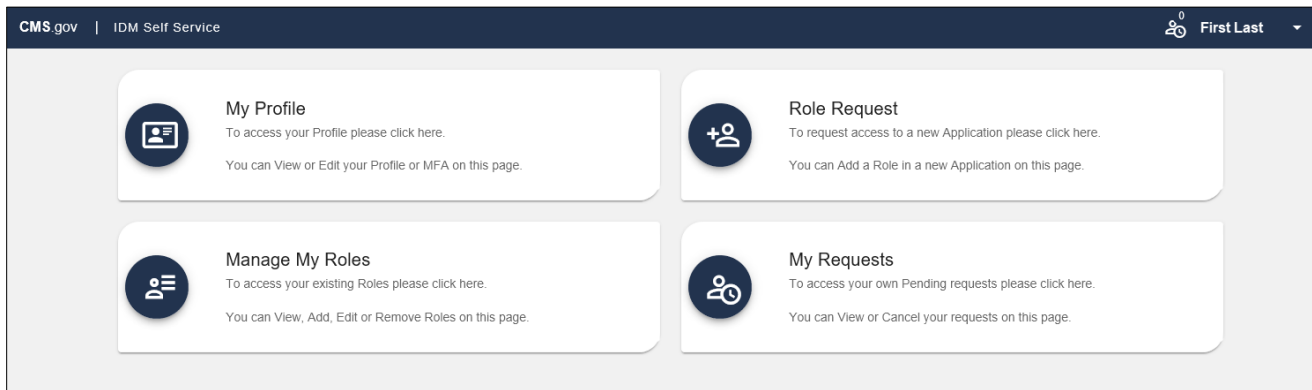


Table 9-1: Self-Service Options

Application	Description
My Profile	This application allows you to view and edit your profile, as well as add and manage your MFA devices.
Role Request	This application allows you to request access to a new application and role. You will also go through the RIDP process if you have not already done so for another application (Section 9.7).
Manage My Roles	This application allows you to access existing roles. You may view, add, edit, or remove those roles.
My Requests	This application allows you to access your pending requests. You may view or cancel requests.

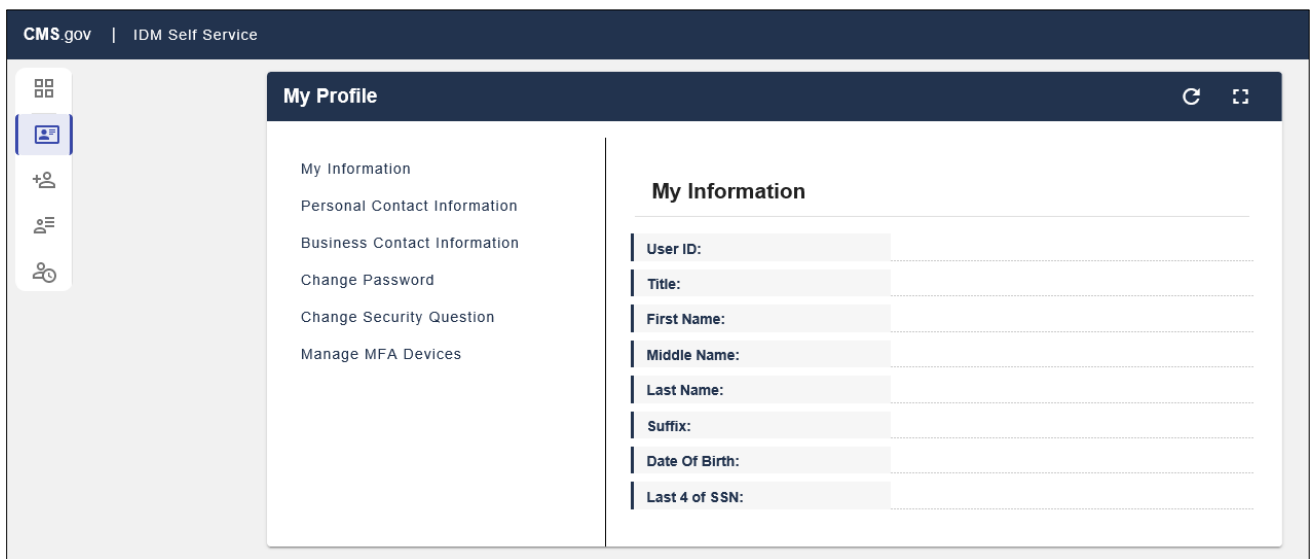
9.5.1 My Profile

My Profile allows you to change the following information through your account profile:

- My Information
- Personal Contact Information
- Business Contact Information
- Change Password
- Manage MFA Devices

Most options are self-explanatory, requiring you to update information in the shown fields. You will also receive an email confirmation after submitting any changes.

Figure 9-5: My Profile



9.5.2 Manage MFA Devices

Adding and managing MFA devices is done by clicking **Manage MFA Devices** under *My Profile*.

When you first log into ECRS, the default authentication option assigned to your account is email (which cannot be removed). However, you can add, or register, additional authentication devices. You are responsible for managing the MFA devices that are associated with their account. Help desk users can only view devices and cannot assist you directly with device management.

The supported MFA devices in IDM are listed in the following table.

Table 9-2: Supported MFA Devices

MFA Device	Actions
Email	Edit only
SMS (text message)	Activate, Edit, Remove
IVR (Interactive Voice Response)	Activate, Edit, Remove
Google Authenticator (phone app)	Add, Remove
OKTA Verify (phone app)	Add, Remove

How to Add an MFA Device

1. After login, select **My Profile** under your username.
2. Select **Manage MFA Devices** and click **Register a Device**.

Note: You have two attempts to register a device. If you are unable to do so, log out and log back in to try again.

3. From the drop-down menu, select a device.
4. Follow the screen prompts to set up the device.

Once you select and set up a device, you will be prompted to send a security code. When you receive the verification code on your mobile device, enter the verification code in the *Code* field and click **Send MFA Code** (or like button). The device will appear in the device table.

Note: If you add all the device options to your account, the table will display the devices, and the *Register a Device* button will disappear. You can only have one of each type of device.

Figure 9-6: Manage MFA Devices

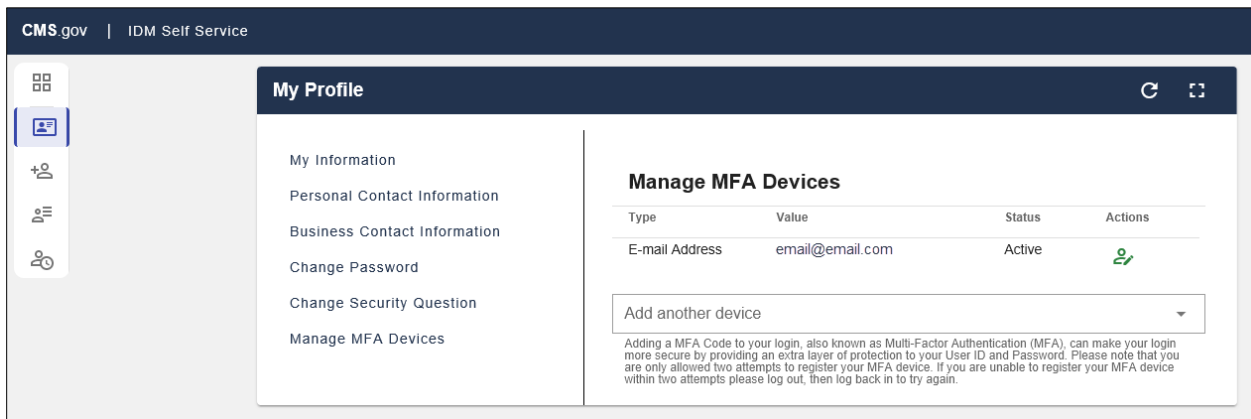


Figure 9-7: Example Text Message (SMS) Selected

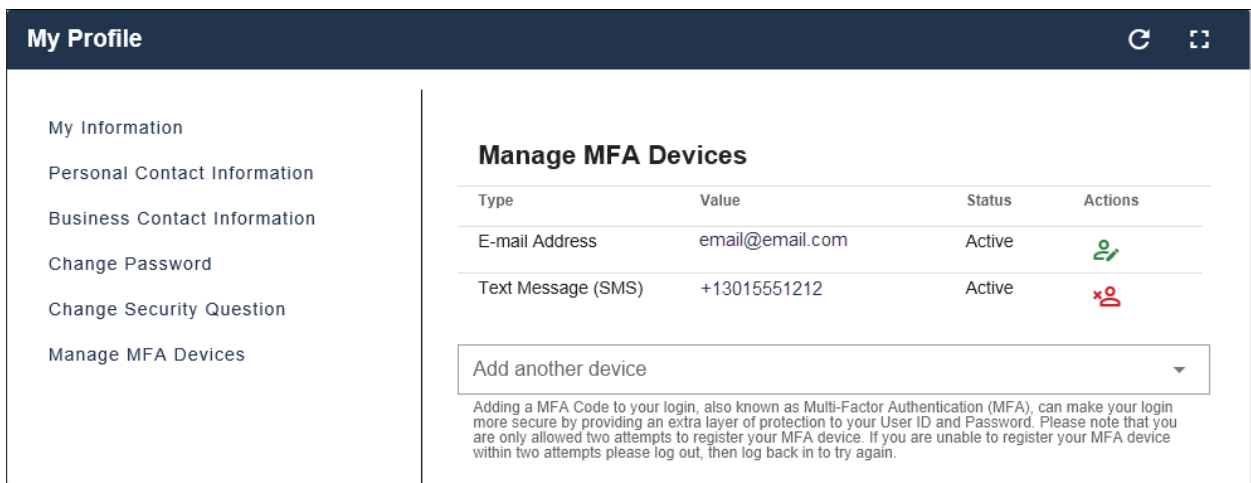
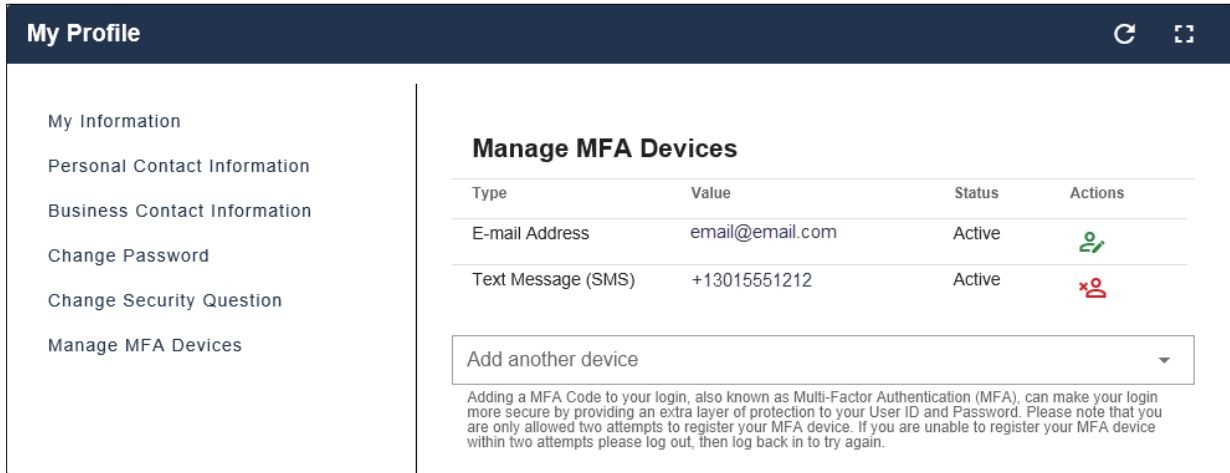


Figure 9-8: List of MFA Devices



9.5.3 (Application and) Role Requests

Role Request allows you to request access to a new application and role for which you do not currently have access.

1. Select an application from the drop-down menu (Figure 9-9).
2. Review the role details and enter a reason for the request (Figure 9-10).
3. Click **Submit Role Request**.

A page appears showing your Request ID (Figure 9-11).

Once submitted, the role request is forwarded to the your approver of record who will make the final approval determination.

Figure 9-9: Role Request: Application and Role

Role Request

* Optional fields are labeled as (Optional).

Application — Role — BCI — Review

Selected Application
Electronic Correspondence Referral System (ECRS) Web

This application allows authorized users to fill out various online forms and electronically transmit requests for changes to existing Common Working File (CWF) Medicare Secondary Payer (MSP) information, and inquiries concerning possible MSP coverage.

[View Helpdesk Details](#)

Select a Role
ECRS Web User

The user with this role is a staff member who is trusted to perform Medicare business for the application.

[Cancel](#) [Back](#)

Figure 9-10: Role Request: Review

CMS.gov | IDM Self Service

Role Request

Application — Role — Review

Review

Application: Electronic Correspondence Referral System (ECRS) Web

Application Description: This application allows authorized users to fill out various online forms and electronically transmit requests for changes to existing Common Working File (CWF) Medicare Secondary Payer (MSP) information, and inquiries concerning possible MSP coverage.

Role: ECRS Web User

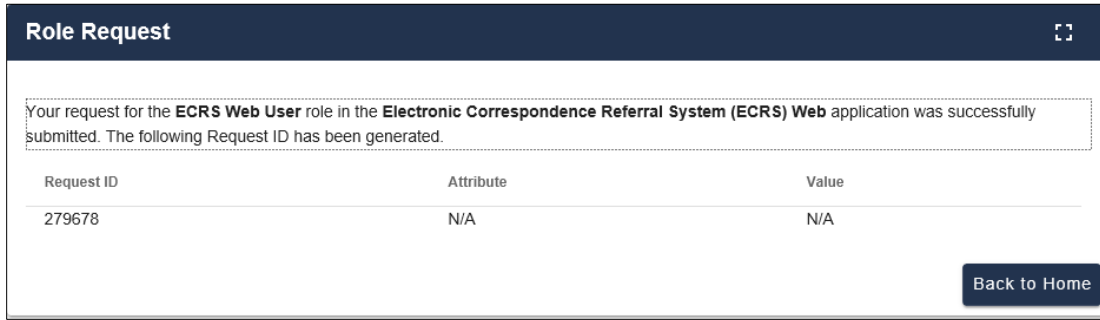
Role Description: The user with this role is a staff member who is trusted to perform Medicare business for the application.

Reason for Request
New employee

Enter a reason for request using 1 to 600 alpha numeric and special characters, except Parentheses ((),) and Angle braces(<,>).

[Cancel](#) [Back](#) [Submit Role Request](#)

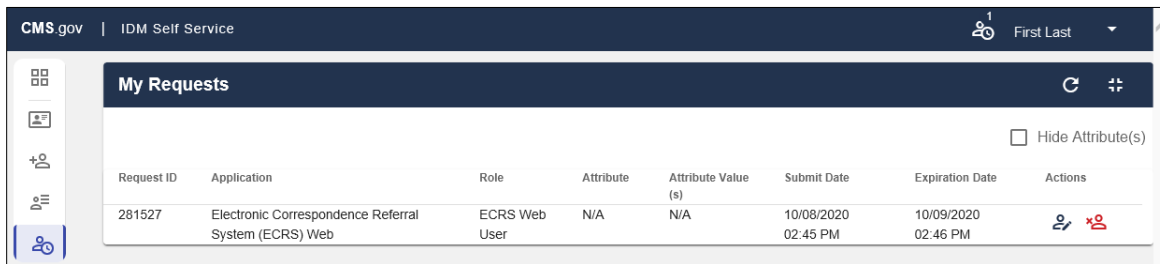
Figure 9-11: Role Request: Request ID



9.5.4 My Requests

My Requests allows you to view or cancel pending application and role requests. Once approved, these are no longer be shown.

Figure 9-12: My Requests

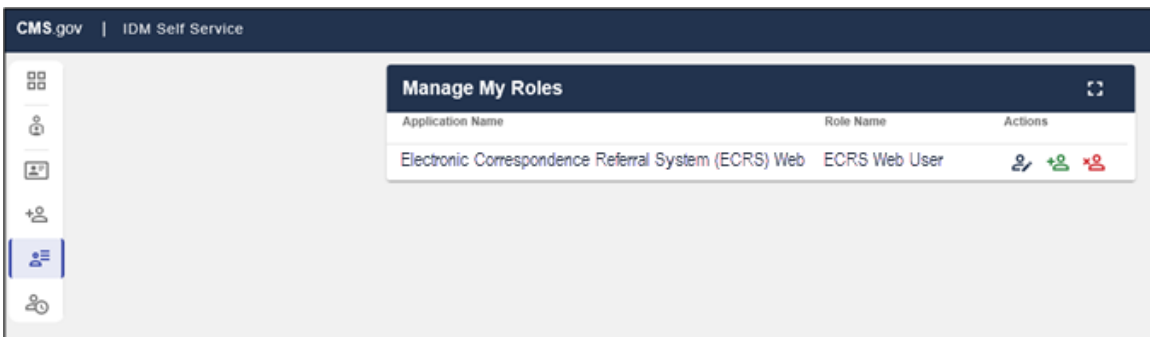


9.5.5 Manage My Roles

Manage My Roles allows you to manage roles for an application to which you currently have access, including viewing, adding, and removing roles. Hover over the icons to select an action.

Note: Removing a role does not require approval from the ECRS Help Desk. Role removal takes place the moment that the IDM system accepts the request.

Figure 9-13: Manage My Roles



9.5.6 Forgot Password

Follow these steps if you have forgotten your password.

1. Go to <https://portal.cms.gov/>.

The CMS Portal login page appears (Figure 9-14).

2. On the CMS Portal login page click the **Forgot your Password** link.

The *Reset Password* page appears (Figure 9-15).

3. Enter your user ID and select a recovery method (email, SMS, or IVR) (Figure 9-15).

You can only select those recovery methods that have been added as MFA devices. You will receive instructions from the system. If using email, click the **Reset Password** link in the email.

4. When the screen appears, enter the answer to your challenge question and click **Reset Password** (Figure 9-16).

5. Enter, and confirm, the new password and click **Reset Password** (Figure 9-17).

A *Confirmation* page appears confirming your password change (Figure 9-18). Click **Back to Sign In** to return to the login page.

Figure 9-14: CMS Portal Login Page

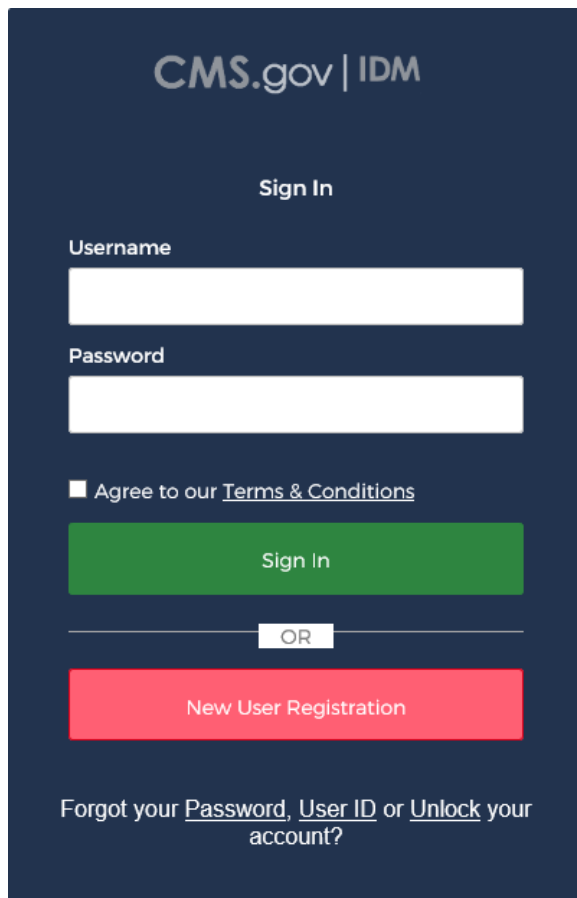


Figure 9-15: Forgot Password: User ID

The screenshot shows a dark blue background with the text 'CMS.gov | IDM Self Service' at the top. Below it is the heading 'Reset Password'. A text input field is labeled 'User ID'. Below the input field is a note: 'SMS or Voice Call can only be used if a mobile phone number has been configured.' There are three green buttons stacked vertically: 'Reset via Email', 'Reset via SMS', and 'Reset via Voice Call'. At the bottom is a link that says 'Back to Sign In'.

Figure 9-16: Forgot Password: Challenge Question

The screenshot shows a dark blue background with the text 'CMS.gov | IDM Self Service' at the top. Below it is the heading 'Reset Password'. A text input field contains the challenge question: 'What is the name of your first stuffed animal?'. The input field shows five dots and a toggle icon. Below the input field is a green button labeled 'Reset Password'. At the bottom is a link that says 'Back to Sign In'.

Figure 9-17: Forgot Password: Reset and Confirmation

Figure 9-18: Forgot Password: Confirmed

9.5.7 Unlock Account

For security purposes, the IDM will lock your account after three failed login attempts, and you will get an email notice confirming the lock. If your account is locked and you attempt to log in, you will be redirected to the *Unlock Account* page.

1. Enter your user ID in the *Unlock Account* page and select a recovery method (email, SMS, or IVR) (Figure 9-19).
 You can only select those recovery methods that have been added as MFA devices. You will receive instructions from the system. If using email, click the **Unlock Account** link in your email.
2. Enter the answer to your challenge question click **Unlock Account** (Figure 9-21).
 A confirmation page appears onscreen stating that your account is now unlocked (Figure 9-22). Click **Back to Sign In** to return to the login page.

Figure 9-19: Unlock Account: User ID

CMS.gov | IDM Self Service

Unlock Account

User ID

SMS or Voice Call can only be used if a mobile phone number has been configured.

Send Email

Send SMS

Voice Call

Back to Sign In

Figure 9-20: Unlock Account: Recovery Method

CMS.gov | IDM Self Service

Unlock Account

Email has been sent to SamTester with instructions on resetting your password.

Back to Sign In

Figure 9-21: Unlock Account: Challenge Question

CMS.gov | IDM Self Service

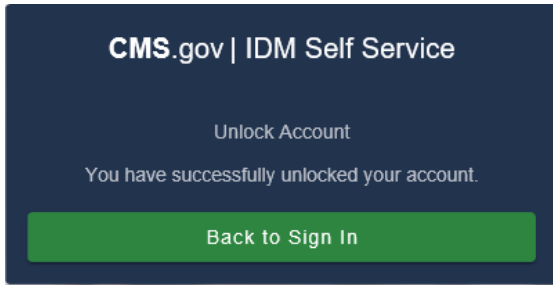
Unlock Account

What is the name of your first stuffed animal?

Unlock Account

Back to Sign In

Figure 9-22: Unlock Account: Confirmation



9.5.8 Forgot User ID

1. Follow these steps if you have forgotten your user ID.
2. Go to <https://portal.cms.gov/>.
The CMS Portal login page appears.
3. On the CMS Portal login page click the **Forgot your User ID** link.
The *Forgot User ID* page appears (Figure 9-24).
4. Enter the requested information and click **Submit**.
You will receive an email from the system.
5. Click the link in the email or the **Back to Sign In** button to return to the login page (Figure 9-25).

Figure 9-23: CMS Portal Login Page

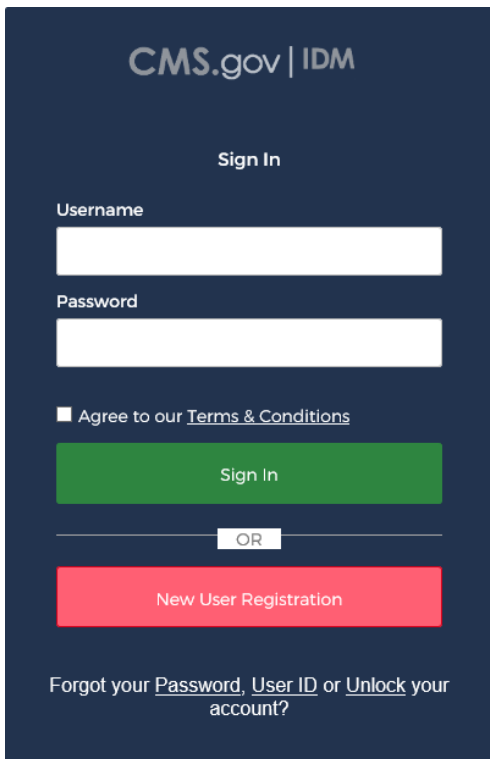


Figure 9-24: Forgot User ID: Identification

CMS.gov | IDM Self Service

Forgot User ID

E-mail Address

First Name

Last Name

Date Of Birth

MM/DD/YYYY

Is your Address a US or Foreign Address?

US Address Foreign Address

Zip Code

00000

Submit

[Back to Sign In](#)

Figure 9-25: Forgot User ID: Email Recovery

CMS.gov | IDM Self Service

Forgot User ID

Email has been sent to mymail@email.com with the requested information.

[Back to Sign In](#)

9.6 Expired Passwords

Passwords in IDM are required to be changed every 60 days. You will be notified by email when your password is set to expire so you can log in and change it. If your password expires, then on your next login attempt, you will be notified that your password has expired and will then be redirected to an *Expired Password* page so you can change it.

Follow these steps to set an expired password:

1. On the *Expired Password* page, enter your old password.
2. Enter, then re-enter, your new password.
3. Click **Change Password**.

You will see a confirmation message that your password has been updated, and you will receive an email confirmation.

Figure 9-26: Expired Password Page

9.7 Completing Remote Identity Proofing (RIDP)

The RIDP process is part of the IDM *Role Request* process for requesting access to an application and role (Section 9.5.3). This process is an important component of the CMS IDM system. It provides application owners with a basis to establish a high Level of Assurance (LOA) that a user is, in fact, who they claim to be. If you have already completed the RIDP process successfully through another CMS Portal application, you will not be required to complete it again for ECRS.

For new users requesting access to ECRS the system will automatically take you through the RIDP process to verify your identity. RIDP makes use of a web service and data provided by Experian®, a consumer credit reporting company. Experian® uses information from your credit history to remotely

confirm your identity by requiring you to answer questions related to your personal credit history that only you would know.

To complete the identity verification process, you will be required to enter personal information, such as your name, date of birth, and home address, as it is recorded on either your driver's license or on a government ID. As part of the process, you will complete an online form with questions that are derived from personal and credit-related information. The questions are designed such that the answers should be known only to you. You may want to have your records of such information readily accessible before attempting the session.

RIDP is used by CMS only to verify your identity. Since verification is done through Experian®, you may see an entry on your credit report called a “soft” inquiry that is only visible to you.

Completing RIDP does not affect your credit score, and the inquiry will not incur any charges.

Follow these steps to complete the RIDP process:

1. Once you select the ECRS application and a role, click **Next**.

The *Remote Identity Proofing* overview page appears, along with the terms and conditions (Figure 9-27).

2. After reading, check the **I agree to the terms and conditions** checkbox.
3. Click **Next**. (**Note:** This button is enabled only after you check the **I Agree** checkbox.)

The *Remote Identity Proofing* verification form appears (Figure 9-28).

4. Complete the ID verification form.

For many users, all fields are required except for the SSN and *Zip Code Extension*. However, if your LOA requires it, the SSN field will also be required (which it is for ECRS).

If you make a mistake entering your personal information, the system will respond requesting a correction. If the correction is valid, you can proceed with the process; otherwise, you will be directed to contact Experian® (See Section 9.7.1 for details).

Tips for Completing Personal Information

- Use your full legal name. Refer to your driver's license or financial account information to ensure it matches the information you supply in the RIDP process.
- Enter your current **residential** address.

Note: If you reside at a foreign address you will not be able to complete the identity verification process online using this form. In this case, write down the Review Reference Code and contact the EDI Help Desk at (646) 458-6740.

- Enter a personal landline phone number (if you have one). (A cell phone can be used, but a residential landline is preferred.)

5. Click **Next**.

The *Remote Identity Proofing* questionnaire from Experian® appears (Figure 9-29).

Got an error instead? Contact the EDI Help Desk at 646-458-6740.

Figure 9-27: RIDP: Process Overview and Terms and Conditions

Role Request

* Optional fields are labeled as (Optional).

Application — Role — RIDP — **4** BCI — **5** Review

Remote Identity Proofing

Identity Verification

To protect your privacy, you will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind.

Ensure that you have entered your legal name, current home address, primary phone number, date of birth and E-mail address correctly. We will only collect personal information to verify your identity with Experian, an external Identity Verification provider.

Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any charges related to them.

You may need to have access to your personal and credit report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see the Experian Consumer Assistance website: <http://www.experian.com/help>

View Terms & Conditions

I agree to the terms and conditions

Cancel **Back** **Next**

Figure 9-28: RIDP: Verification Form

Role Request

* Optional fields are labeled as (Optional).

Application Role RIDP 4 BCI 5 Review

Remote Identity Proofing

Please fill out the form below and click the Next Button to initiate the verification process. Once initiated you will have 10 minutes and 1 attempt to complete the RIDP process.

First Name First	Last Name Last
Middle Name (Optional)	Suffix (Optional)
Date Of Birth 04/01/1977	Social Security Number ●●●●●●●●
E-mail Address email@email.com	Confirm E-mail Address email@email.com

Is your Address a US or Foreign Address?
 US Address Foreign Address

Home Address Line 1 123 Main Street	
Home Address Line 2 (Optional)	
City Baltimore	State Maryland
Zip Code 21244	Zip Code Extension (Option... 0000
Phone Number 301-555-1212	

Figure 9-29: RIDP: Example Experian® Questionnaire

Remote Identity Proofing

1. You may have opened an auto loan in or around May 2019. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

MOTOR CITY COOP C U

VOLVO FIN

ONYX ACCEPT

TOYOTA MOTOR CRED

NONE OF THE ABOVE/DOES NOT APPLY

5. According to our records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to March 2013 from the following choices.

NISSAN VAN

MAZDA MPV

HONDA ODYSSEY

SATURN RELAY

NONE OF THE ABOVE/DOES NOT APPLY

Cancel Back Verify

6. Complete the Experian® questionnaire.

Carefully read each question and click the radio button for the most correct response to the question. The *Verify* button will become active when responses have been selected for all questions.

Important Note: Once you access the questionnaire, you **have 10 minutes** to complete the this form. Should you time out, you will need to start the RIDP process from the beginning. You are allowed six attempts to complete the entire process.

Tips for Completing the Experian® Questionnaire and Giving Consent

- You will be asked a series of questions regarding your personal financial transactions or other credit information.
 - You may want to have your records of such information readily accessible before attempting the session.
 - You can download a free copy of your credit report at <https://www.annualcreditreport.com/>.
- You will be asked to give consent to verify your identity information from your credit report.
 - The information is used for purposes of **identity proofing only**.
 - The consent for using the information **does** post as a **soft** inquiry on your credit report. The soft inquiry is **visible only to you**.
 - The consent/soft inquiry **does not** affect your credit score or incur any charges or fees.

7. When done, click **Verify**.

If no error message is displayed, then you answered all of the identity proofing questions according to your credit report. You will see the message, “Remote Identity Proofing has been completed successfully.” Then click (green) **OK**. You will return to the self-service dashboard.

If an error message is displayed, write down the error message and the **Review Reference Number** that is displayed. Click the (red) **OK** and then contact the EDI Help Desk at 646-458-6740.

9.7.1 Problems with Verification?

If Experian® was unable to verify your identity, or if you timed out with the questions, contact the EDI Help Desk at 646-458-6740 for assistance. Likely, they will ask you to contact the Experian® Verification Support Services Help Desk. This call center is focused on supporting individuals who have failed online identity proofing while attempting to obtain a role through IDM.

The system will provide you with an **Review Reference Number** to track your case. The Experian® Verification Support Services Help Desk cannot assist you if you do not have the reference number. **To contact the Experian® Verification Support Services Help Desk**, call 1-866-578-5409 and provide them with the case reference code. The help desk is open Monday through Friday from 8:30 a.m. to 10:00 p.m., Saturday from 10:00 a.m. to 8:00 p.m., and Sunday from 11:00 a.m. to 8:00 p.m., Eastern Standard Time.

9.7.2 Manual Identity Proofing

If Experian® is unsuccessful with verifying your identity by phone, or you live overseas, please contact the EDI hotline either by email at ECRSHELP@ehmedicare.com, or by phone at 646-458-6740, to get instructions for completing the identity-proofing process manually.

Appendix A: CWF Assistance Request Required Data Reference

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
MEDICARE ID	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. Must contain 3 digits.
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. Note: 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. Note: If the POLICY NUMBER is entered, the GROUP NUMBER is not required.

Field	Required?	Notes
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. Note: 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"> Required when the ACTION is DX. Required when MSP TYPE is D, E, or L.

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

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

Field	Required?
DCN	Y
MEDICARE ID	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"> Required when the SOURCE is PHON. Required when the ACTION is CA or CL. (MSP TYPE must be D, E, or L when the ACTION is CL.)
PATIENT RELATIONSHIP	Y	<ul style="list-style-type: none"> Required when the ACTION is blank and MSP TYPE is F. Required when the ACTION is CA and MSP TYPE is L. Required when the ACTION is CL and MSP TYPE is D, E, or L.
EFFECTIVE DATE	Y	<ul style="list-style-type: none"> Required when the ACTION is CA and MSP TYPE is L Required when the ACTION is CL and MSP TYPE is D, E, or L
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"> Required when the ACTION is CA or CL, unless Insurance Company information will be entered. Required when the SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	<ul style="list-style-type: none"> Required when the ACTION is CA or CL, unless Insurance Company information will be entered. Required when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Y	<ul style="list-style-type: none"> Required when the ACTION is CA or CL, unless Insurance Company information will be entered. Required when the SOURCE is CHEK, LTTR, or PHON.
CITY	Y	<ul style="list-style-type: none"> Required when the ACTION is CA or CL, unless Insurance Company information will be entered. Required when SOURCE is CHEK, LTTR, or PHON.
STATE	Y	<ul style="list-style-type: none"> Required when the ACTION is CA or CL, unless Insurance Company information will be entered. Required when the SOURCE Coe is CHEK, LTTR, or PHON.
ZIP	Y	<ul style="list-style-type: none"> Required when the ACTION is CA or CL, unless Insurance Company information will be entered. Required when the SOURCE is CHEK, LTTR, or PHON.
PHONE	N	N/A
RELATIONSHIP	Y	<ul style="list-style-type: none"> Required when the SOURCE is CHEK, LTTR, or PHON. Must be A if the ACTION is CA or CL and informant information is entered.

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

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required unless the ACTION is blank or DE.
ADDRESS LINE 1	Y	<ul style="list-style-type: none"> Required when an Insurance Company Name is entered. Required when the ACTION is DI. Required when the ACTION Is CA or CL, unless Informant information was entered.
ADDRESS LINE 2	N	N/A
CITY	Y	<ul style="list-style-type: none"> Required when an Insurance Company Name is entered. Required when the ACTION is DI. Required when the ACTION is CA or CL, unless Informant information was entered.
STATE	Y	<ul style="list-style-type: none"> Required when an Insurance Company Name is entered. Required when the ACTION is DI. Required when the ACTION is CA or CL, unless Informant information was entered.
ZIP	Y	<ul style="list-style-type: none"> Required when an Insurance Company Name is entered. Required when the ACTION is DI. Required when the ACTION is CA or CL, unless Informant information was entered.
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"> Required when the ACTION is DE. Required when MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	Y	<ul style="list-style-type: none"> Required when the ACTION is DE. Required when MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	N	N/A
CITY	Y	<ul style="list-style-type: none"> Required when the ACTION is DE. Required when MSP TYPE is F and SEND TO CWF is Yes
STATE	Y	<ul style="list-style-type: none"> Required when the ACTION is DE. Required when MSP TYPE is F and SEND TO CWF is Yes
ZIP	Y	<ul style="list-style-type: none"> Required when the ACTION is DE. Required when MSP TYPE is F and SEND TO CWF is Yes
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.
DIAGNOSIS 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.
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Y	Must be L when RECORD TYPE is Supplemental

Field	Required?	Notes
PERSON CODE	Y	<ul style="list-style-type: none"> • Required when RECORD TYPE is Supplemental. • Required when SUPPLEMENTAL TYPE is L.

Appendix C: Prescription Drug Assistance Request Required Data Reference

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

Field	Required?	Notes
DCN	Y	N/A
MEDICARE ID	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"> • Required when RECORD TYPE is Supplemental • Required when ACTION is PC
ORIGINATING CONTRACTOR	Y	N/A
<i>COB</i> EFFECTIVE DATE	Y	N/A
NEW <i>COB</i> EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE	Conditional	<ul style="list-style-type: none"> • Required when ACTION is CT • Required when ACTION is TD
<i>SUBMITTER TYPE</i>	<i>N</i>	<i>N/A</i>
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	Name of Part D insurance carrier. Required for all SOURCES when ACTION is II. Notes: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the ACTION is II. Action code II cannot be used with action code DO.
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	N	N/A
POLICY NUMBER	Y	Required when the ACTION is AP and the MSP TYPE is not D, E, L, or W. Note: If the POLICY NUMBER is entered, the GROUP NUMBER is not required.
GROUP NUMBER	N	Group, BIN, <i>or</i> PCN is required with Action Code CX.

Field	Required?	Notes
BIN	Y	Required when COVERAGE TYPE is U. Must be sixdigits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, <i>or</i> PCN is required with Action Code CX.
PCN	Y	Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, <i>or</i> PCN is required with Action Code CX.
ID	Y	Required when COVERAGE TYPE is U. Cannot be blank or all zeros if 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
MEDICARE ID	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 INITIAL	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
EMPLOYER PHONE	N	N/A
EMPLOYER EIN	N	N/A

Field	Required?	Notes
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"> • Required when RECORD TYPE is Supplemental • Required when RECORD TYPE is blank and SUPPLEMENTAL TYPE is L.

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	Auditor follow-up development in progress, used with IP status
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	Policyholder 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 Note: 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
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met

Reason Code	Definition
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 MEDICARE ID
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
83	Incoming request conflicts with information on file Note: 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

Reason Code	Definition
91	Duplicate investigation in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found
<i>94</i>	<i>Closed, no response/no update</i>
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.
36	Denial sent by EGHP, claims paid meeting conditional payment criteria.
37	Beneficiary deceased.

Remark Code	Definition
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. Must contain 9 digits. 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' Required
Contractor Number	5	Alpha-Numeric	5-9	Medicare contractor (MACs, MA/PD plans) number. Required
DCN	15	Text	10-24	DCN; 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 Required
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	Action code. Valid values are: AI = Change Attorney Information DA = Develop to the attorney DD = Develop for the diagnosis code DE = Develop to employer or for employer info DI = Develop to insurer or for insurer info DO = Mark occurrence for deletion DR = Investigate/redevelop closed or deleted record DT = Develop for termination date DX = Change diagnosis codes EA = Change employer address ED = Change effective date EF = Develop for the effective date EI = Change employer information ES = Employer size below minimum (20 for working aged, 100 for disability) ID = Investigate/possible duplicate for deletion II = Change insurer information IT = Change insurer type LR = Add duplicate liability record MT = Change MSP type MX = SSN/MEDICARE ID mismatch NR = Create duplicate no-fault record PH = Add PHP date PR = Change patient relationship TD = Add Termination Date. VP = Beneficiary has taken a vow of poverty WN = Notify BCRC of Updates to WCMSA Cases Required. 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.
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.

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 Required
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: CHEK = Unsolicited check LTTR = Letter PHON= Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim Required
Medicare ID	12	Alpha-Numeric	91-102	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of beneficiary. Enter without dashes, spaces, or other special characters. Required if SSN is not entered.
Beneficiary’s Social Security Number	9	Numeric	103-111	Beneficiary’s Social Security Number Required if Medicare ID 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.
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. Required
Beneficiary’s Initial	1	Alpha	136	Middle initial of beneficiary

Data Field	Length	Type	Displacement	Description								
Beneficiary's Last Name	24	Text	137-160	Last name of beneficiary. Required								
Patient Relationship	2	Numeric	161-162	Patient relationship between policyholder and beneficiary Valid values are: 01 = Patient is policyholder 02 = Spouse 03 = Natural child, insured has financial responsibility 04 = Natural child, insured does not have financial responsibility 06 = Foster child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped dependent 11 = Organ donor 12 = Cadaver donor 13 = Grandchild 14= Niece/nephew 15= Injured plaintiff 16= Sponsored dependent 17= Minor dependent of a minor dependent 19= Grandparent dependent 20= Domestic partner (Effective April, 2004.) Required Note: For the following MSP TYPEs below, the PATIENT RELATIONSHIP codes listed to the right are the only valid values that can be used. <table border="0" data-bbox="943 1310 1422 1461"> <thead> <tr> <th data-bbox="943 1310 1133 1341"><u>MSP Type</u></th> <th data-bbox="1133 1310 1422 1341"><u>Patient Relationship Code</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="943 1350 971 1381">A</td> <td data-bbox="1133 1350 1208 1381">01, 02</td> </tr> <tr> <td data-bbox="943 1388 971 1419">B</td> <td data-bbox="1133 1388 1409 1419">01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td data-bbox="943 1425 971 1457">G</td> <td data-bbox="1133 1425 1409 1457">01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	<u>MSP Type</u>	<u>Patient Relationship Code</u>	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
<u>MSP Type</u>	<u>Patient Relationship Code</u>											
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	<p>One-character code identifying type of MSP coverage</p> <p>Valid values are:</p> <ul style="list-style-type: none"> 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 <p>Required</p>
MSP Effective Date	8	Date	164-171	<p>Effective date of MSP coverage in CCYYMMDD format.</p> <p><i>Notes: This field accepts dates up to three months from the current date, as follows:</i></p> <p><i>For GHP records (MSP Types A, B, and G): The MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.</i></p> <p><i>For NGHP records (MSP Types D, E, L, H, and W): The MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)</i></p> <p>Required</p>
MSP Term Date	8	Date	172-179	<p>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.</p> <p>Not required. Populate with zeros if not available.</p>
AUX Row Number	3	Numeric	180-182	<p>AUX record number of MSP record at CWF.</p> <p>Required. Populate with zeros if not available.</p>
MSP Accretion Date	8	Date	183-190	<p>Accretion date of MSP coverage in CCYYMMDD format.</p> <p>Not required. Populate with zeros if not available.</p>
Originating Contractor	5	Alpha-Numeric	191-195	<p>Contractor number of contractor that created original MSP occurrence at CWF</p> <p>Required</p>
Filler	6	Alpha	196-201	<p>Populate with spaces.</p>

Data Field	Length	Type	Displacement	Description
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.
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 Required 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 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. Required 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 Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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.

Data Field	Length	Type	Displacement	Description
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.
Employee No	12	Text	631-642	Employee number of policyholder 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) 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.
Insurer Policy Number	17	Text	796-812	Policy number of insurance coverage. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
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. Note: The following codes are valid for all MSP Auxiliary occurrences regardless of accretion date.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policyholder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 20 Domestic partner (Effective April, 2004.) <p>Required when Action is PR.</p> <p>Note: 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="1" data-bbox="943 785 1419 930"> <thead> <tr> <th>MSP Type</th> <th>Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 20</td> </tr> </tbody> </table>	MSP Type	Patient Relationship Code	A	01, 02	B	01, 02, 03, 04, 20	G	01, 02, 03, 04, 20
MSP Type	Patient Relationship Code											
A	01, 02											
B	01, 02, 03, 04, 20											
G	01, 02, 03, 04, 20											
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"> A = Working Aged B = ESRD C = Conditional Payment D = Automobile Insurance E = Workers' Compensation F = Federal (Public) G = Disabled H = Black Lung L = Liability <p>Required when Action is MT.</p>								

Data Field	Length	Type	Displacement	Description
New MSP Effective Date	8	Date	1091-1098	<p>Effective date of MSP coverage in CCYYMMDD format.</p> <p><i>Notes: This field accepts dates up to three months from the current date, as follows:</i></p> <p><i>For GHP records (MSP Types A, B, and G): The New MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.</i></p> <p><i>For NGHP records (MSP Types D, E, L, H, and W): The New MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future New MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)</i></p> <p>Required when Action is ED.</p>
New Insurer Type	1	Alpha	1099	<p>New type of insurance</p> <p>Required when ACTION is IT</p>
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>Required if Diagnosis Code 1 is submitted.</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. Required if action code is CA or CL.</p> <p>Required if Diagnosis Code 1 ICD Indicator is submitted.</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 required fields 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	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>Required if Diagnosis Code 2 is submitted.</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>Required if Diagnosis Code 2 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 3 is submitted.</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>Required if Diagnosis Code 3 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 4 is submitted.</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>Required if Diagnosis Code 4 ICD Indicator is submitted.</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>
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>Required if Diagnosis Code 5 is submitted.</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>Required if Diagnosis Code 5 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 6 is submitted.</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>Required if Diagnosis Code 6 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 7 is submitted.</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>Required if Diagnosis Code 7 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 8 is submitted.</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>Required if Diagnosis Code 8 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 9 is submitted.</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>Required if Diagnosis Code 9 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 10 is submitted.</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>Required if Diagnosis Code 10 ICD Indicator is submitted.</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>
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>Required if Diagnosis Code 11 is submitted.</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>Required if Diagnosis Code 11 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 12 is submitted.</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>Required if Diagnosis Code 12 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 13 is submitted.</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>Required if Diagnosis Code 13 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 14 is submitted.</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>Required if Diagnosis Code 14 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 15 is submitted.</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>Required if Diagnosis Code 15 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 16 is submitted.</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>Required if Diagnosis Code 16 ICD Indicator is submitted.</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>
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>Required if Diagnosis Code 17 is submitted.</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>Required if Diagnosis Code 17 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 18 is submitted.</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>Required if Diagnosis Code 18 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 19 is submitted.</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>Required if Diagnosis Code 19 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 20 is submitted.</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>Required if Diagnosis Code 20 ICD Indicator is submitted.</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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Medicare ID	12	Alpha-Numeric	91-102	PE09, PE2O
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
Beneficiary's First Name	15	Text	121-135	PE12
Beneficiary's Initial	1	Alpha	136	PE13

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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	PE0O
New MSP Type	1	Alpha	902	PE0N
New MSP Effective Date	8	Date	903-910	PE0L
New Insurer Type	1	Alpha	911	PE0M

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Diagnosis Code 3	7	Text	929-935	PE71
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Diagnosis Code 14	7	Text	1017-1023	PE1W
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. Must contain 9 digits. 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 Required
DCN	15	Alpha-Numeric	10-24	DCN: assigned by the Part C/D plan. Required. Each record shall have a unique DCN.
Trans Type Code	1	Alpha	25	Transaction Type Indicator Set to 'D' for Prescription Drug Assistance Requests Required
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
Action Code 1	2	Alpha	76-77	Two-character code defining action to take on Prescription Drug record (<i>required field</i>). Valid values are: II Change Insurer Information Notes: Action code II cannot be used with Action code DO.
Action Code 2	2	Alpha	78-79	Transaction action code 2: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Action Code 3	2	Alpha	80-81	Transaction action code 3: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Action Code 4	2	Alpha	82-83	Transaction action code 4: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Activity Code	1	Alpha	84	Activity of contractor: Valid values are: Required
Trans Source Code	4	Alpha	85-88	Four-character code identifying source of RX DRUG assistance request information Valid values are: Required
Medicare ID	12	Alpha-Numeric	89-100	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of beneficiary. Enter 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 Required
Beneficiary Middle Initial	1	Text	125	Middle Initial of beneficiary
Beneficiary Last Name	24	Text	126-149	Last Name of beneficiary Required
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
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

Data Field	Length	Type	Displacement	Description								
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"> 01 Patient is policyholder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) <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="1" data-bbox="873 1224 1349 1371"> <thead> <tr> <th>MSP Type</th> <th>Patient Relationship Code</th> </tr> </thead> <tbody> <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 Code	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code											
A	01, 02											
B	01, 02, 03, 04, 05, 18, 20											
G	01, 02, 03, 04, 05, 18, 20											
New Patient Relationship	2	Numeric	252-253	<p>New patient relationship between policyholder and beneficiary. Description of code appears next to value</p> <p>Required when ACTION is PR</p>								
Person Code	3	Numeric	254-256	<p>Plan-specific Person Code.</p> <p>Values are:</p> <ul style="list-style-type: none"> 001 Self 002 Spouse 003 Other <p>Required when: RECORD TYPE is Supplemental ACTION is PC</p>								

Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha	257	<p>One-character code identifying type of MSP coverage. Valid values are:</p> <ul style="list-style-type: none"> 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 <p>Required when Action is MT.</p>
New MSP Type	1	Alpha	258	<p>One-character code identifying new type of MSP coverage.</p> <p>Required when Action is MT.</p>
Record Type	3	Alpha-Numeric	259-261	<p>Drug Record Type</p> <ul style="list-style-type: none"> PRI Primary SUP Supplemental <p>Required</p>
Drug Coverage Effective Date	8	Date	262-269	<p>COB effective date of Drug coverage in CCYYMMDD format.</p> <p><i>Notes: This field accepts dates up to three months from the current date, as follows:</i></p> <p><i>For GHP records (MSP Types A, B, and G): The Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future.</i></p> <p><i>For NGHP records (MSP Types D, E, L, H, and W): The Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)</i></p>

Data Field	Length	Type	Displacement	Description
New Drug Coverage Effective Date	8	Date	270-277	New COB effective date of Drug coverage in CCYYMMDD format. <i>Notes: This field accepts dates up to three months from the current date, as follows:</i> <i>For GHP records (MSP Types A, B, and G): The New Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future.</i> <i>For NGHP records (MSP Types D, E, L, H, and W): The New Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future New Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)</i>
Term Date	8	Date	278-285	MSP termination date of Drug coverage in CCYYMMDD format
Originating Contractor	5	Alpha-Numeric	286-290	Contractor number of contractor that created original Drug occurrence
Informant First Name	15	Text	291-305	Name of person informing contractor of change in Drug coverage. Required 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. Required 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 Required 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 Required 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 Required when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.

Data Field	Length	Type	Displacement	Description
Informant ZIP code	9	Numeric	380-388	Informant's ZIP code Required 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.
Informant's Relationship Code	1	Alpha	399	Relationship of informant to beneficiary. Valid values are: Required 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 policyholder Not required. Populate with spaces if not available.
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

Data Field	Length	Type	Displacement	Description
RX Drug Coverage Type	1	Alpha-Numeric	563	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) Required
Insurance Company Name	32	Text	564-595	Name of insurer providing supplemental prescription drug insurance under which beneficiary is covered. Action code II cannot be used with action code DO.
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.
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 Required when ACTION is IT

Data Field	Length	Type	Displacement	Description
New Insurer Type	1	Alpha	687	New type of insurance Required when ACTION is IT
Policy Number	17	Text	688-704	Prescription drug policy number
RX BIN	6	Text	705-710	Prescription Drug BIN Number Required if TYPE = U. Must be six digits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, <i>or</i> PCN is required with Action Code CX.
RX PCN	10	Text	711-720	Prescription Drug PCN Number Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, <i>or</i> PCN is required with Action Code CX.
RX Group	15	Text	721-735	Prescription Drug Group Number Populate with spaces if not available. Group, BIN, <i>or</i> PCN is required with Action Code CX.
RX ID	20	Text	736-755	Prescription Drug ID Number Required if TYPE = U. Populate with spaces if not available. Cannot be blank or all zeros if COVERAGE TYPE is U.
RX Phone	10	Numeric	756-765	Prescription Drug Phone Number Not required. Populate with spaces if not available.
Check Amount	15	Alpha-Numeric	766-780	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 Date	8	Date	781-788	Date of check received in CCYYMMDD format Required if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Check Number	15	Alpha-Numeric	789-803	Number of check received. Required 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

Data Field	Length	Type	Displacement	Description
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	188	Filler	998-1185	Unused field – fill with spaces
Effective Date <i>of Other Drug Coverage</i>	8	Date	1186-1193	Effective date of other drug insurance coverage provided by the other insurance (Other Health Information) in CCYYMMDD format.
New Effective Date <i>of Other Drug Coverage</i>	8	Date	1194-1201	New effective date of other drug insurance coverage provided by the other insurance in CCYYMMDD format.
Filler	66	Filler	1202-1267	Unused field – fill with spaces

Prescription Drug Assistance Request Response Header Record

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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Medicare ID	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
Beneficiary Middle Initial	1	Text	125	PE13
Beneficiary Last Name	24	Text	126-149	PE14
Beneficiary Address Line 1	32	Text	150-181	PE15

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
<i>COB</i> Effective Date	8	Date	262-269	PE48
New <i>COB</i> 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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Effective Date <i>of Other Drug Coverage</i>	8	Date	1186-1193	PE2K
New Effective Date <i>of Other Drug Coverage</i>	8	Date	1194-1201	PE2L, PE2M, or PE2N
Filler	65	Filler	1202-1267	Filler
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

Data Field	Length	Type	Displacement	Edits
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. Must contain 9 digits. 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' Required
Contractor Number	5	Alpha-Numeric	5-9	Medicare contractor (MACs, MA/PD plans) number. Required
DCN	15	Text	10-24	DCN; 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 Required
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: Required
First Development	1	Alpha	85	Development source code indicating where initial development letter was sent. Valid values are: Not required. Populate with spaces if not available.
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.

Data Field	Length	Type	Displacement	Description
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 Required
Medicare ID	12	Alpha-Numeric	92-103	Health Insurance Claim Number of beneficiary (HICN) or Medicare Beneficiary Identifier (MBI). Enter without dashes, spaces, or other special characters. Required if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	104-112	Beneficiary's Social Security Number Required if Medicare ID not entered.
Beneficiary's Date of Birth	8	Date	113-120	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	121	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Required. Default to U if unavailable.
Beneficiary's First Name	15	Text	122-136	Beneficiary's First Name Required
Beneficiary's Initial	1	Alpha	137	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	138-161	Beneficiary's Last Name Required

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> <p>Not required. Populate with zeros if not available</p> <p>Note: 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"> <tr> <td style="border: none;">MSP Type</td> <td style="border: none; padding-left: 20px;">Patient Relationship</td> </tr> <tr> <td style="border: none;">A</td> <td style="border: none; padding-left: 20px;">01, 02</td> </tr> <tr> <td style="border: none;">B</td> <td style="border: none; padding-left: 20px;">01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td style="border: none;">G</td> <td style="border: none; padding-left: 20px;">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											
MSP Type	1	Alpha	164	<p>One-character code identifying type of MSP coverage.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability <p>Required</p>								
MSP Effective Date	8	Date	165-172	<p>Effective date of MSP coverage in CCYYMMDD format, cannot equal termination date.</p> <p>Not required. Populate with zeros if not available.</p> <p><i>Notes: This field accepts dates up to three months from the current date, as follows:</i></p> <p><i>For GHP records (MSP Types A, B, and G): The MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.</i></p> <p><i>For NGHP records (MSP Types D, E, L, H, and W): The MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)</i></p>								

Data Field	Length	Type	Displacement	Description
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 protected field) 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.
CMS Grouping Code	2	Alpha	182-183	CMS Grouping Code Not required. Populate with spaces if not available.
Beneficiary's Address 1	32	Text	184-215	Beneficiary's Address 1 Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	216-247	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	248-262	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	263-264	Beneficiary's State Not required. Populate with spaces if not available.
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. Required if Source is CHEK
Check Amount	15	Alpha	292-306	Amount of check in \$999,999,999.99 format. Required if Source is CHEK

Data Field	Length	Type	Displacement	Description
Check Number	15	Alpha	307-321	Check Number Required 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 required fields 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 required fields 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 required fields for various source codes.
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 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 required fields for various source codes.

Data Field	Length	Type	Displacement	Description
Informant's State	2	Alpha	451-452	Informant's State 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 required fields for various source codes.
Informant's ZIP Code	9	Numeric	453-461	Informant's ZIP 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 required fields for various source codes.
Informant's Relationship Code	1	Alpha	462	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 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 required fields for various source codes.
Employer's Name	32	Text	463-494	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Employer EIN	18	Text	495-512	Employer’s EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer’s Address 1	32	Text	513-544	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	545-576	Employer’s Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer’s Phone	10	Numeric	577-586	Employer’s phone number 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 city 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 state 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 ZIP code 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 required fields for various source codes.

Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	657	Type of Insurance Valid values are: Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's Address 1	32	Text	658-689	Address 1 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 required fields 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 required fields for various source codes.
Insurer's State	2	Alpha	737-738	State 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 required fields for various source codes.
Insurer's ZIP Code	9	Numeric	739-747	ZIP Code 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 required fields 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.

Data Field	Length	Type	Displacement	Description
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 policyholder/subscriber Required
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.
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.

Data Field	Length	Type	Displacement	Description
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 or her representative. Valid values are: Not required. Populate with spaces if not available.
Dialysis Train Date	8	Date	1064-1071	Date beneficiary received self-dialysis training (in CCYYMMDD 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.
Black Lung Effective Date	8	Date	1073-1080	Date beneficiary began receiving benefits under the Black Lung Program in CCYYMMDD format. Not required. Populate with zeros if not available.
Diagnosis Code 1 ICD Indicator	1	Numeric	1081	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format 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. Required if Diagnosis Code 1 is submitted.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 1	7	Text	1082-1088	<p>ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.</p> <p>Required if action code is CA or CL. Required if Diagnosis Code 1 ICD Indicator is submitted.</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 required fields 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	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>Required if Diagnosis Code 2 is submitted.</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>Required if Diagnosis Code 2 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 3 is submitted.</p>
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>Required if Diagnosis Code 3 ICD Indicator is submitted.</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>Required if Diagnosis Code 4 is submitted.</p>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 4 ICD Indicator is submitted.</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>
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>Required if Diagnosis Code 5 is submitted.</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>Required if Diagnosis Code 5 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 6 is submitted.</p>
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>Required if Diagnosis Code 6 ICD Indicator is submitted.</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>Required if Diagnosis Code 7 is submitted.</p>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 7 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 8 is submitted.</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>Required if Diagnosis Code 8 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 9 is submitted.</p>
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>Required if Diagnosis Code 9 ICD Indicator is submitted.</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>Required if Diagnosis Code 10 is submitted.</p>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 10 ICD Indicator is submitted.</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>
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>Required if Diagnosis Code 11 is submitted.</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>Required if Diagnosis Code 11 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 12 is submitted.</p>
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>Required if Diagnosis Code 12 ICD Indicator is submitted.</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>Required if Diagnosis Code 13 is submitted.</p>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 13 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 14 is submitted.</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>Required if Diagnosis Code 14 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 15 is submitted.</p>
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>Required if Diagnosis Code 15 ICD Indicator is submitted.</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>Required if Diagnosis Code 16 is submitted.</p>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 16 ICD Indicator is submitted.</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>
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>Required if Diagnosis Code 17 is submitted.</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>Required if Diagnosis Code 17 ICD Indicator is submitted.</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>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 18 is submitted.</p>
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>Required if Diagnosis Code 18 ICD Indicator is submitted.</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>Required if Diagnosis Code 19 is submitted.</p>

Data Field	Length	Type	Displacement	Description
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>Required if Diagnosis Code 19 ICD Indicator is submitted.</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	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>Required if Diagnosis Code 20 is submitted.</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>Required if Diagnosis Code 20 ICD Indicator is submitted.</p> <p>If Diagnosis Code 20 ICD Indicator = 0, Diagnosis Code 20 must contain a valid ICD-20-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

Data Field	Length	Type	Displacement	Edits
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
Medicare ID	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
Employer's Address 1	32	Text	513-544	PE31

Data Field	Length	Type	Displacement	Edit
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
Dialysis Train Date	8	Date	1064-1071	PE84
Black Lung Indicator	1	Alpha	1072	PE85

Data Field	Length	Type	Displacement	Edit
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
Diagnosis Code 11	7	Text	1163-1169	PE1Q
Diagnosis Code 12 Indicator	1	Text	1170	PE1R
Diagnosis Code 12	7	Text	1171-1177	PE1S

Data Field	Length	Type	Displacement	Edit
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'. 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 'PDI' – Prescription Drug Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Filler	1245	Filler	23-1267	Unused Field – Populate with spaces

Prescription Drug Inquiry Trailer Record

Table G-17: Prescription Drug Inquiry Trailer Record Layout

Data Field	Length	Type	Displacement	Description
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 'PDI' – Prescription Drug 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. Must contain 9 digits. Required
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' Required
Contractor Number	5	Alpha-Numeric	5-9	Part D Plan contractor number Required
DCN	15	Text	10-24	DCN; assigned by the Part D Plan. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'P' for Prescription Drug Inquiry Required
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 Required
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
Medicare ID	12	Alpha-Numeric	80-91	Beneficiary Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) Required if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	92-100	Beneficiary's Social Security Number Required if Medicare ID not entered.

Data Field	Length	Type	Displacement	Description
Beneficiary's Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format Required
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 Required
Beneficiary's First Name	15	Text	110-124	Beneficiary's First Name Required
Beneficiary's Initial	1	Alpha	125	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	126-149	Beneficiary's Last Name Required
Patient Relationship	2	Character	150-151	Patient Relationship between policyholder and patient. Valid values are: 1 Patient is Policyholder 2 Spouse 3 Child 4 Other Required
Check Date	8	Numeric	152-159	Date of check in CCYYMMDD format. Required if Source is CHEK
Check Amount	15	Alpha	160-174	Amount of check in \$999,999,999.99 format. Required if Source is CHEK
Check Number	15	Alpha	175-189	Check Number Required if Source is CHEK
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.

Data Field	Length	Type	Displacement	Description
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 Required
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 Required
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 Required
Informant's Address 1	32	Text	331-362	Informant's Address 1 Required
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 Required
Informant's State	2	Alpha	410-411	Informant's State Required
Informant's ZIP Code	9	Numeric	412-420	Informant's ZIP Required

Data Field	Length	Type	Displacement	Description
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.
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 Required only for Supplemental Drug Coverage records. If not Supplemental Drug Coverage record, populate with spaces.
Sup Type	1	Alpha-Numeric	596	Supplemental Drug Coverage Type Valid values are: L = Supplemental M = Medigap N = Non-qualified SPAP O = Other R = Charity T = Federal Government Programs 3 = Major Medical Required 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 Required 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.
Insurer's name	32	Text	602-633	Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. If Insurer's Name contains any of the following values it is an error: ADAP, ATTORNEY, BC, BCBX, BCBS, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, PAP, SPAP, SUPPLEMENT, SUPPLEMENTAL, UNK, XX, UNKNOWN Required
Insurer's Address 1	32	Text	634-665	Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	666-697	Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Insurer's City	15	Text	698-712	City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
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. Required <i>Notes: This field accepts dates up to three months from the current date for primary coverage, as follows: For GHP records (MSP Types A, B, and G): The Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)</i>
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.

Data Field	Length	Type	Displacement	Description
RX BIN	6	Text	757-762	Prescription Drug BIN Number Required if TYPE = U. Must be six numeric digits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN.
RX PCN	10	Text	763-772	Prescription Drug PCN Number Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space.
RX Group	15	Text	773-787	Prescription Drug Group Number Populate with spaces if not available.
RX ID	20	Text	788-807	Prescription Drug ID Number Required if TYPE = U. Cannot be blank or all zeros if COVERAGE TYPE is U.
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Medicare ID	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
Beneficiary's City	15	Text	254-268	PE17
Beneficiary's State	2	Alpha	269-270	PE18

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>COB</i> 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

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
PE04	Invalid Transaction Sequence Number
PE05	Invalid Trans Source Code
PE06	Invalid Update Operator Id

Error Code	Description
PE07	Invalid Contractor Name
PE08	Invalid Contractor Phone Number
PE09	Invalid Medicare ID
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
PE38	Invalid Employee Number
PE39	Invalid MSP Type
PE40	Invalid Type
PE41	Invalid Record Type
PE42	Invalid Insurer's Name

Error Code	Description
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 <i>or COB Effective Date</i> <i>Note: For descriptions of the acceptance criteria for the COB Effective Date (PDAR) or Effective Date (PDI) fields for GHP and NGHP records, see Table 6-3 and Table 5-1, respectively.</i>
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 <i>Effective Date</i> <i>or</i> MSP Effective Date <i>Note: For descriptions of the acceptance criteria for the Effective Date (MSP Inquiry) or MSP Effective Date (CWF AR) fields for GHP and NGHP records, see Table 4-2 and Table 3-6, respectively.</i>
PE68	Invalid MSP Term Date Term Date was not provided for action TD or CT Term Date is less than Effective Date Matching record is already termed Matching record has the same Term Date as the one provided
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	RX BIN Cannot Be Spaces When Coverage Type is "U"

Error Code	Description
PE0G	Invalid Term Date Term Date was not provided for action TD or CT Term Date is less than Effective Date Matching record is already termed Matching record has the same Term Date as the one provided
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 <i>or New COB Effective Date</i> <i>Note: For descriptions of the acceptance criteria for the New Effective Date or New COB Effective Date fields for GHP and NGHP records, see Table 3-6 or Table 5-1, respectively.</i>
PE0M	Invalid New Insurer Type
PE0N	Invalid New MSP Type
PE0O	Invalid New Patient Relationship A matching record already exists with the 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

Error Code	Description
PE1L	Invalid Diagnosis Code 9 ICD Indicator
PE1M	Invalid Diagnosis Code 9
PE1N	Invalid Diagnosis Code 10 ICD Indicator
PE1O	Invalid Diagnosis Code 10
PE1P	Invalid Diagnosis Code 11 ICD Indicator
PE1Q	Invalid Diagnosis Code 11
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
PE2J	Matching record not found for update
PE2K	Effective Date <i>of Other Drug Coverage</i> is not in MMDDCCYY format
PE2L	New Effective Date <i>of Other Drug Coverage</i> is not in MMDDCCYY format
PE2M	New Effective Date <i>of Other Drug Coverage</i> submitted is equal to the Effective Date submitted
PE2N	New Effective Date <i>of Other Drug Coverage</i> submitted is equal to the current Effective Date <i>of Other Drug Coverage</i> for the matching record
PE2O	Updates To Matching Record Are In Process, Resubmit Request
RX02	Invalid Rx BIN. Must be 6-digit number, cannot be all the same number
RX05	Missing Individual Policy Number
RX07	Medicare Beneficiary Not Enrolled in Part D
RX10	Record not found to delete
RX11	Record not found for update

Error Code	Description
RX12	Invalid Supplemental Type
RX15	Action code is 'CX' and Group, BIN, and PCN are spaces When action code is 'CX' and none of the values is different than what is already on the matching record
RX16	Action code is 'AP' and Group and Policy Number are spaces.
RX17	Record Type is Supplemental and Supplemental Type is spaces
RX18	Invalid Rx PCN

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

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Search for Requests or Inquiries	Prescription Drug Inquiries	<ul style="list-style-type: none"> View a list of all Prescription Drug Inquiries submitted by the contractor. Check the progress of a Prescription Drug Inquiry transaction. Delete Prescription Drug Inquiry requests that have not been processed by the COB. View summary detail for a selected Prescription Drug Inquiry transaction.
Reports	Contractor Workload Tracking	Review your contractor site’s workload (for Medicare contractors)
Reports	Consolidated ECRS Workload Search	Verify the receipt and status of all submitted requests (for Medicare contractors, not including ROs and COs)
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 a.m. until 5 p.m. 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 Medicare ID.

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
- Medicare ID
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

When searching by Medicare ID, 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 BCRC 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

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
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
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled

DY Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
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
285.3	Antineoplastic chemotherapy induced anemia
285.8	Other specified anemias
285.9	Anemia, unspecified
300	Anxiety state, unspecified

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
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
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

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
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
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

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
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
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

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>A79.82</i>	<i>Anaplasmosis [A. phagocytophilum]</i>
<i>C56.3</i>	<i>Malignant neoplasm of bilateral ovaries</i>
<i>C79.63</i>	<i>Secondary malignant neoplasm of bilateral ovaries</i>
<i>C84.7A</i>	<i>Anaplastic large cell lymphoma, ALK-negative, breast</i>
<i>D55.21</i>	<i>Anemia due to pyruvate kinase deficiency</i>
<i>D55.29</i>	<i>Anemia due to other disorders of glycolytic enzymes</i>
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
<i>D75.838</i>	<i>Other thrombocytosis</i>
<i>D75.839</i>	<i>Thrombocytosis, unspecified</i>
<i>D89.44</i>	<i>Hereditary alpha tryptasemia</i>
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
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

DY Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
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
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma

DY Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E1111	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
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
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

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
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
<i>E75.244</i>	<i>Niemann-Pick disease type A/B</i>
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
E89.0	Postprocedural hypothyroidism
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.203	Nicotine dependence unspecified, with withdrawal
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other disorders
F17.219	Nicotine dependence, cigarettes, with unspecified disorders
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other disorders
F17.219	Nicotine dependence, cigarettes, with unspecified disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified disorders
<i>F32.A</i>	<i>Depression, unspecified</i>
F34.1	Dysthymic disorder
F40.00	Agoraphobia, unspecified

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F48.1	Depersonalization-derealization syndrome
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
<i>F78.A1</i>	<i>SYNGAPI-related intellectual disability</i>
<i>F78.A9</i>	<i>Other genetic related intellectual disability</i>
F99	Mental disorder, not otherwise specified
<i>G04.82</i>	<i>Acute flaccid myelitis</i>
G44.1	Vascular headache, not elsewhere classified
<i>G71.20</i>	<i>Congenital myopathy, unspecified</i>
<i>G92.00</i>	<i>Immune effor cell-associated neurotoxicity synd, grade unspecified</i>
<i>G92.01</i>	<i>Immune effector cell-associated neurotoxicity syndrome, grade 1</i>
<i>G92.02</i>	<i>Immune effector cell-associated neurotoxicity syndrome, grade 2</i>
<i>G92.03</i>	<i>Immune effector cell-associated neurotoxicity syndrome, grade 3</i>
<i>G92.04</i>	<i>Immune effector cell-associated neurotoxicity syndrome, grade 4</i>
<i>G92.05</i>	<i>Immune effector cell-associated neurotoxicity syndrome, grade 5</i>
<i>G92.8</i>	<i>Other toxic encephalopathy</i>
<i>G92.9</i>	<i>Unspecified toxic encephalopathy</i>
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

DY Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2	Old myocardial infarction
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
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
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
<i>I5.A</i>	<i>Non-ischemic myocardial injury (non-traumatic)</i>
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J86.0	Pyothorax with fistula
K21.9	Gastro-esophageal reflux disease without esophagitis
K22.0	Achalasia of cardia

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
K22.10	Ulcer of esophagus without bleeding
K22.11	Ulcer of esophagus with bleeding
K22.2	Esophageal obstruction
K22.4	Dyskinesia of esophagus
K22.5	Diverticulum of esophagus, acquired
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
<i>K22.8</i>	<i>Other specified diseases of esophagus</i>
<i>K22.81</i>	<i>Esophageal polyp</i>
<i>K22.82</i>	<i>Esophagogastric junction polyp</i>
<i>K22.89</i>	<i>Other specified disease of esophagus</i>
K22.9	Disease of esophagus, unspecified
K23	Disorders of esophagus in diseases classified elsewhere
<i>K31.A0</i>	<i>Gastric intestinal metaplasia, unspecified</i>
<i>K31.A11</i>	<i>Gastric intestinal metaplasia without dysplasia, involving the antrum</i>
<i>K31.A12</i>	<i>Gastric intestinal metaplasia without dysplasia, involving the body (corpus)</i>
<i>K31.A13</i>	<i>Gastric intestinal metaplasia without dysplasia, involving the fundus</i>
<i>K31.A14</i>	<i>Gastric intestinal metaplasia without dysplasia, involving the cardia</i>
<i>K31.A15</i>	<i>Gastric intestinal metaplasia without dysplasia, involving multiple sites</i>
<i>K31.A19</i>	<i>Gastric intestinal metaplasia without dysplasia, unspecified site</i>
<i>K31.A21</i>	<i>Gastric intestinal metaplasia with low grade dysplasia</i>
<i>K31.A22</i>	<i>Gastric intestinal metaplasia with high grade dysplasia</i>
<i>K31.A29</i>	<i>Gastric intestinal metaplasia with dysplasia, unspecified</i>
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy
<i>L24.A0</i>	<i>Irritant contact dermatitis due to friction or contact with body fluids, unspecified</i>
<i>L24.A1</i>	<i>Irritant contact dermatitis due to saliva</i>
<i>L24.A2</i>	<i>Irritant contact dermatitis due to fecal, urinary or dual incontinence</i>
<i>L24.A9</i>	<i>Irritant contact dermatitis due friction or contact with other specified body fluids</i>

DY Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>L24.B0</i>	<i>Irritant contact dermatitis related to unspecified stoma or fistula</i>
<i>L24.B1</i>	<i>Irritant contact dermatitis related to digestive stoma or fistula</i>
<i>L24.B2</i>	<i>Irritant contact dermatitis related to respiratory stoma or fistula</i>
<i>L24.B3</i>	<i>Irritant contact dermatitis related to fecal or urinary stoma or fistula</i>
<i>M31.10</i>	<i>Thrombotic microangiopathy, unspecified</i>
<i>M31.11</i>	<i>Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]</i>
<i>M31.19</i>	<i>Other thrombotic microangiopathy</i>
<i>M35.00</i>	<i>Sjogren syndrome, unspecified</i>
<i>M35.01</i>	<i>Sjogren syndrome with keratoconjunctivitis</i>
<i>M35.02</i>	<i>Sjogren syndrome with lung involvement</i>
<i>M35.03</i>	<i>Sjogren syndrome with myopathy</i>
<i>M35.04</i>	<i>Sjogren syndrome with tubulo-interstitial nephropathy</i>
<i>M35.05</i>	<i>Sjogren syndrome with inflammatory arthritis</i>
<i>M35.06</i>	<i>Sjogren syndrome with peripheral nervous system involvement</i>
<i>M35.07</i>	<i>Sjogren syndrome with central nervous system involvement</i>
<i>M35.08</i>	<i>Sjogren syndrome with gastrointestinal involvement</i>
<i>M35.09</i>	<i>Sjogren syndrome with other organ involvement</i>
<i>M35.0A</i>	<i>Sjogren syndrome with glomerular disease</i>
<i>M35.0B</i>	<i>Sjogren syndrome with vasculitis</i>
<i>M35.0C</i>	<i>Sjogren syndrome with dental involvement</i>
<i>M45.A0</i>	<i>Non-radiographic axial spondyloarthritis of unspecified sites in spine</i>
<i>M45.A1</i>	<i>Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region</i>
<i>M45.A2</i>	<i>Non-radiographic axial spondyloarthritis of cervical region</i>
<i>M45.A3</i>	<i>Non-radiographic axial spondyloarthritis of cervicothoracic region</i>
<i>M45.A4</i>	<i>Non-radiographic axial spondyloarthritis of thoracic region</i>
<i>M45.A5</i>	<i>Non-radiographic axial spondyloarthritis of thoracolumbar region</i>
<i>M45.A6</i>	<i>Non-radiographic axial spondyloarthritis of lumbar region</i>
<i>M45.A7</i>	<i>Non-radiographic axial spondyloarthritis of lumbosacral region</i>
<i>M45.A8</i>	<i>Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region</i>
<i>M45.AB</i>	<i>Non-radiographic axial spondyloarthritis of multiple sites in spine</i>
<i>M54.50</i>	<i>Low back pain, unspecified</i>
<i>M54.59</i>	<i>Other low back pain</i>
N13.9	Obstructive and reflux uropathy, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N36.0	Urethral fistula
N36.1	Urethral diverticulum
N36.1	Urethral caruncle
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.5	Urethral false passage
N36.8	Other specified disorders of urethra
N36.9	Urethral disorder, unspecified
N39.0	Urinary tract infection, site not specified
N39.8	Other specified disorders of urinary system
N39.9	Disorder of urinary system, unspecified
<i>P00.82</i>	<i>Newborn affected by (positive) maternal group B streptococcus (GBS) colonization</i>
<i>P09.1</i>	<i>Abnormal findings on neonatal screening for inborn errors of metabolism</i>
<i>P09.2</i>	<i>Abnormal findings on neonatal screening for congenital endocrine disease</i>
<i>P09.3</i>	<i>Abnormal findings on neonatal screening for congenital hematologic disorders</i>
<i>P09.4</i>	<i>Abnormal findings on neonatal screening for cystic fibrosis</i>
<i>P09.5</i>	<i>Abnormal findings on neonatal screening for critical congenital heart disease</i>
<i>P09.6</i>	<i>Abnormal findings on neonatal screening for neonatal hearing loss</i>
<i>P09.8</i>	<i>Other abnormal findings on neonatal screening</i>
<i>P09.9</i>	<i>Abnormal findings on neonatal screening, unspecified</i>
<i>R05.8</i>	<i>Other specified cough</i>
<i>R05.9</i>	<i>Cough, unspecified</i>
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
R31.2	Other microscopic hematuria
R31.9	Hematuria, unspecified
<i>R35.81</i>	<i>Nocturnal polyuria</i>
<i>R35.89</i>	<i>Other polyuria</i>
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
<i>R45.88</i>	<i>Nonsuicidal self-harm</i>
R51	Headache
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
<i>R63.30</i>	<i>Feeding difficulties, unspecified</i>
<i>R63.31</i>	<i>Pediatric feeding disorder, acute</i>
<i>R63.32</i>	<i>Pediatric feeding disorder, chronic</i>
<i>R63.39</i>	<i>Other feeding difficulties</i>
<i>R79.83</i>	<i>Abnormal findings of blood amino-acid level</i>
<i>T40.711A</i>	<i>Poisoning by cannabis, accidental (unintentional), initial encounter</i>
<i>T40.711D</i>	<i>Poisoning by cannabis, accidental (unintentional), subsequent encounter</i>
<i>T40.711S</i>	<i>Poisoning by cannabis, accidental (unintentional), sequela</i>
<i>T40.712A</i>	<i>Poisoning by cannabis, intentional self-harm, initial encounter</i>
<i>T40.712D</i>	<i>Poisoning by cannabis, intentional self-harm, subsequent encounter</i>
<i>T40.712S</i>	<i>Poisoning by cannabis, intentional self-harm, sequela</i>
<i>T40.713A</i>	<i>Poisoning by cannabis, assault, initial encounter</i>
<i>T40.713D</i>	<i>Poisoning by cannabis, assault, subsequent encounter</i>
<i>T40.713S</i>	<i>Poisoning by cannabis, assault, sequela</i>
<i>T40.714A</i>	<i>Poisoning by cannabis, undetermined, initial encounter</i>
<i>T40.714D</i>	<i>Poisoning by cannabis, undetermined, subsequent encounter</i>
<i>T40.714S</i>	<i>Poisoning by cannabis, undetermined, sequela</i>
<i>T40.715A</i>	<i>Adverse effect of cannabis, initial encounter</i>
<i>T40.715D</i>	<i>Adverse effect of cannabis, subsequent encounter</i>
<i>T40.715S</i>	<i>Adverse effect of cannabis, sequela</i>
<i>T40.716A</i>	<i>Underdosing of cannabis, initial encounter</i>
<i>T40.716D</i>	<i>Underdosing of cannabis, subsequent encounter</i>
<i>T40.716S</i>	<i>Underdosing of cannabis, sequela</i>
<i>T40.721A</i>	<i>Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>T40.721D</i>	<i>Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter</i>
<i>T40.721S</i>	<i>Poisoning by synthetic cannabinoids, accidental (unintentional), sequela</i>
<i>T40.722A</i>	<i>Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter</i>
<i>T40.722D</i>	<i>Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter</i>
<i>T40.722S</i>	<i>Poisoning by synthetic cannabinoids, intentional self-harm, sequela</i>
<i>T40.723A</i>	<i>Poisoning by synthetic cannabinoids, assault, initial encounter</i>
<i>T40.723D</i>	<i>Poisoning by synthetic cannabinoids, assault, subsequent encounter</i>
<i>T40.723S</i>	<i>Poisoning by synthetic cannabinoids, assault, sequela</i>
<i>T40.724A</i>	<i>Poisoning by synthetic cannabinoids, undetermined, initial encounter</i>
<i>T40.724D</i>	<i>Poisoning by synthetic cannabinoids, undetermined, subsequent encounter</i>
<i>T40.724S</i>	<i>Poisoning by synthetic cannabinoids, undetermined, sequela</i>
<i>T40.725A</i>	<i>Adverse effect of synthetic cannabinoids, initial encounter</i>
<i>T40.725D</i>	<i>Adverse effect of synthetic cannabinoids, subsequent encounter</i>
<i>T40.725S</i>	<i>Adverse effect of synthetic cannabinoids, sequela</i>
<i>T40.726A</i>	<i>Underdosing of synthetic cannabinoids, initial encounter</i>
<i>T40.726D</i>	<i>Underdosing of synthetic cannabinoids, subsequent encounter</i>
<i>T40.726S</i>	<i>Underdosing of synthetic cannabinoids, sequela</i>
<i>T63.611A</i>	<i>Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), initial encounter</i>
<i>T63.611D</i>	<i>Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), subsequent encounter</i>
<i>T63.611S</i>	<i>Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), sequela</i>
<i>T63.612A</i>	<i>Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, initial encounter</i>
<i>T63.612D</i>	<i>Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, subsequent encounter</i>
<i>T63.612S</i>	<i>Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, sequela</i>
<i>T63.613A</i>	<i>Toxic effect of contact with Portuguese Man-o-war, assault, initial encounter</i>
<i>T63.613D</i>	<i>Toxic effect of contact with Portuguese Man-o-war, assault, subsequent encounter</i>
<i>T63.613S</i>	<i>Toxic effect of contact with Portuguese Man-o-war, assault, sequela</i>
<i>T63.614A</i>	<i>Toxic effect of contact with Portuguese Man-o-war, undetermined, initial encounter</i>
<i>T63.614D</i>	<i>Toxic effect of contact with Portuguese Man-o-war, undetermined, subsequent encounter</i>
<i>T63.614S</i>	<i>Toxic effect of contact with Portuguese Man-o-war, undetermined, sequela</i>
<i>T80.82XA</i>	<i>Complication of immune effector cellular therapy, initial encounter</i>
<i>T80.82XD</i>	<i>Complication of immune effector cellular therapy, subsequent encounter</i>
<i>T80.82XS</i>	<i>Complication of immune effector cellular therapy, sequela</i>
<i>U09.9</i>	<i>Post COVID-19 condition, unspecified</i>
<i>V00.01XA</i>	<i>Pedestrian on foot injured in collision with roller-skater, initial encounter</i>
<i>V00.01XD</i>	<i>Pedestrian on foot injured in collision with roller-skater, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>V00.01XS</i>	<i>Pedestrian on foot injured in collision with roller-skater, sequela</i>
<i>V00.02XA</i>	<i>Pedestrian on foot injured in collision with skateboarder, initial encounter</i>
<i>V00.02XD</i>	<i>Pedestrian on foot injured in collision with skateboarder, subsequent encounter</i>
<i>V00.02XS</i>	<i>Pedestrian on foot injured in collision with skateboarder, sequela</i>
<i>V00.031A</i>	<i>Pedestrian on foot injured in collision with rider of standing electric scooter, initial encounter</i>
<i>V00.031D</i>	<i>Pedestrian on foot injured in collision with rider of standing electric scooter, subsequent encounter</i>
<i>V00.031S</i>	<i>Pedestrian on foot injured in collision with rider of standing electric scooter, sequela</i>
<i>V00.038A</i>	<i>Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, initial encounter</i>
<i>V00.038D</i>	<i>Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, subsequent encounter</i>
<i>V00.038S</i>	<i>Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, sequela</i>
<i>V00.09XA</i>	<i>Pedestrian on foot injured in collision with other pedestrian conveyance, initial encounter</i>
<i>V00.09XD</i>	<i>Pedestrian on foot injured in collision with other pedestrian conveyance, subsequent encounter</i>
<i>V00.09XS</i>	<i>Pedestrian on foot injured in collision with other pedestrian conveyance, sequela</i>
<i>V00.111A</i>	<i>Fall from in-line roller-skates, initial encounter</i>
<i>V00.111D</i>	<i>Fall from in-line roller-skates, subsequent encounter</i>
<i>V00.111S</i>	<i>Fall from in-line roller-skates, sequela</i>
<i>V00.112A</i>	<i>In-line roller-skater colliding with stationary object, initial encounter</i>
<i>V00.112D</i>	<i>In-line roller-skater colliding with stationary object, subsequent encounter</i>
<i>V00.112S</i>	<i>In-line roller-skater colliding with stationary object, sequela</i>
<i>V00.118A</i>	<i>Other in-line roller-skate accident, initial encounter</i>
<i>V00.118D</i>	<i>Other in-line roller-skate accident, subsequent encounter</i>
<i>V00.118S</i>	<i>Other in-line roller-skate accident, sequela</i>
<i>V00.121A</i>	<i>Fall from non-in-line roller-skates, initial encounter</i>
<i>V00.121D</i>	<i>Fall from non-in-line roller-skates, subsequent encounter</i>
<i>V00.121S</i>	<i>Fall from non-in-line roller-skates, sequela</i>
<i>V00.122A</i>	<i>Non-in-line roller-skater colliding with stationary object, initial encounter</i>
<i>V00.122D</i>	<i>Non-in-line roller-skater colliding with stationary object, subsequent encounter</i>
<i>V00.122S</i>	<i>Non-in-line roller-skater colliding with stationary object, sequela</i>
<i>V00.128A</i>	<i>Other non-in-line roller-skating accident, initial encounter</i>
<i>V00.128D</i>	<i>Other non-in-line roller-skating accident, subsequent encounter</i>
<i>V00.128S</i>	<i>Other non-in-line roller-skating accident, sequela</i>
<i>V00.131A</i>	<i>Fall from skateboard, initial encounter</i>
<i>V00.131D</i>	<i>Fall from skateboard, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>V00.131S</i>	<i>Fall from skateboard, sequela</i>
<i>V00.132A</i>	<i>Skateboarder colliding with stationary object, initial encounter</i>
<i>V00.132D</i>	<i>Skateboarder colliding with stationary object, subsequent encounter</i>
<i>V00.132S</i>	<i>Skateboarder colliding with stationary object, sequela</i>
<i>V00.138A</i>	<i>Other skateboard accident, initial encounter</i>
<i>V00.138D</i>	<i>Other skateboard accident, subsequent encounter</i>
<i>V00.138S</i>	<i>Other skateboard accident, sequela</i>
<i>V00.141A</i>	<i>Fall from scooter (nonmotorized), initial encounter</i>
<i>V00.141D</i>	<i>Fall from scooter (nonmotorized), subsequent encounter</i>
<i>V00.141S</i>	<i>Fall from scooter (nonmotorized), sequela</i>
<i>V00.142A</i>	<i>Scooter (nonmotorized) colliding with stationary object, initial encounter</i>
<i>V00.142D</i>	<i>Scooter (nonmotorized) colliding with stationary object, subsequent encounter</i>
<i>V00.142S</i>	<i>Scooter (nonmotorized) colliding with stationary object, sequela</i>
<i>V00.148A</i>	<i>Other scooter (nonmotorized) accident, initial encounter</i>
<i>V00.148D</i>	<i>Other scooter (nonmotorized) accident, subsequent encounter</i>
<i>V00.148S</i>	<i>Other scooter (nonmotorized) accident, sequela</i>
<i>V00.151A</i>	<i>Fall from heelies, initial encounter</i>
<i>V00.151D</i>	<i>Fall from heelies, subsequent encounter</i>
<i>V00.151S</i>	<i>Fall from heelies, sequela</i>
<i>V00.152A</i>	<i>Heelies colliding with stationary object, initial encounter</i>
<i>V00.152D</i>	<i>Heelies colliding with stationary object, subsequent encounter</i>
<i>V00.152S</i>	<i>Heelies colliding with stationary object, sequela</i>
<i>V00.158A</i>	<i>Other heelies accident, initial encounter</i>
<i>V00.158D</i>	<i>Other heelies accident, subsequent encounter</i>
<i>V00.158S</i>	<i>Other heelies accident, sequela</i>
<i>V00.181A</i>	<i>Fall from other rolling-type pedestrian conveyance, initial encounter</i>
<i>V00.181D</i>	<i>Fall from other rolling-type pedestrian conveyance, subsequent encounter</i>
<i>V00.181S</i>	<i>Fall from other rolling-type pedestrian conveyance, sequela</i>
<i>V00.182A</i>	<i>Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, initial encounter</i>
<i>V00.182D</i>	<i>Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, subsequent encounter</i>
<i>V00.182S</i>	<i>Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, sequela</i>
<i>V00.188A</i>	<i>Other accident on other rolling-type pedestrian conveyance, initial encounter</i>
<i>V00.188D</i>	<i>Other accident on other rolling-type pedestrian conveyance, subsequent encounter</i>
<i>V00.188S</i>	<i>Other accident on other rolling-type pedestrian conveyance, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>V00.211A</i>	<i>Fall from ice-skates, initial encounter</i>
<i>V00.211D</i>	<i>Fall from ice-skates, subsequent encounter</i>
<i>V00.211S</i>	<i>Fall from ice-skates, sequela</i>
<i>V00.212A</i>	<i>Ice-skater colliding with stationary object, initial encounter</i>
<i>V00.212D</i>	<i>Ice-skater colliding with stationary object, subsequent encounter</i>
<i>V00.212S</i>	<i>Ice-skater colliding with stationary object, sequela</i>
<i>V00.218A</i>	<i>Other ice-skates accident, initial encounter</i>
<i>V00.218D</i>	<i>Other ice-skates accident, subsequent encounter</i>
<i>V00.218S</i>	<i>Other ice-skates accident, sequela</i>
<i>V00.221A</i>	<i>Fall from sled, initial encounter</i>
<i>V00.221D</i>	<i>Fall from sled, subsequent encounter</i>
<i>V00.221S</i>	<i>Fall from sled, sequela</i>
<i>V00.222A</i>	<i>Sledder colliding with stationary object, initial encounter</i>
<i>V00.222D</i>	<i>Sledder colliding with stationary object, subsequent encounter</i>
<i>V00.222S</i>	<i>Sledder colliding with stationary object, sequela</i>
<i>V00.228A</i>	<i>Other sled accident, initial encounter</i>
<i>V00.228D</i>	<i>Other sled accident, subsequent encounter</i>
<i>V00.228S</i>	<i>Other sled accident, sequela</i>
<i>V00.281A</i>	<i>Fall from other gliding-type pedestrian conveyance, initial encounter</i>
<i>V00.281D</i>	<i>Fall from other gliding-type pedestrian conveyance, subsequent encounter</i>
<i>V00.281S</i>	<i>Fall from other gliding-type pedestrian conveyance, sequela</i>
<i>V00.282A</i>	<i>Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, initial encounter</i>
<i>V00.282D</i>	<i>Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, subsequent encounter</i>
<i>V00.282S</i>	<i>Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, sequela</i>
<i>V00.288A</i>	<i>Other accident on other gliding-type pedestrian conveyance, initial encounter</i>
<i>V00.288D</i>	<i>Other accident on other gliding-type pedestrian conveyance, subsequent encounter</i>
<i>V00.288S</i>	<i>Other accident on other gliding-type pedestrian conveyance, sequela</i>
<i>V00.311A</i>	<i>Fall from snowboard, initial encounter</i>
<i>V00.311D</i>	<i>Fall from snowboard, subsequent encounter</i>
<i>V00.311S</i>	<i>Fall from snowboard, sequela</i>
<i>V00.312A</i>	<i>Snowboarder colliding with stationary object, initial encounter</i>
<i>V00.312D</i>	<i>Snowboarder colliding with stationary object, subsequent encounter</i>
<i>V00.312S</i>	<i>Snowboarder colliding with stationary object, sequela</i>
<i>V00.318A</i>	<i>Other snowboard accident, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>V00.318D</i>	<i>Other snowboard accident, subsequent encounter</i>
<i>V00.318S</i>	<i>Other snowboard accident, sequela</i>
<i>V00.321A</i>	<i>Fall from snow-skis, initial encounter</i>
<i>V00.321D</i>	<i>Fall from snow-skis, subsequent encounter</i>
<i>V00.321S</i>	<i>Fall from snow-skis, sequela</i>
<i>V00.322A</i>	<i>Snow-skier colliding with stationary object, initial encounter</i>
<i>V00.322D</i>	<i>Snow-skier colliding with stationary object, subsequent encounter</i>
<i>V00.322S</i>	<i>Snow-skier colliding with stationary object, sequela</i>
<i>V00.328A</i>	<i>Other snow-ski accident, initial encounter</i>
<i>V00.328D</i>	<i>Other snow-ski accident, subsequent encounter</i>
<i>V00.328S</i>	<i>Other snow-ski accident, sequela</i>
<i>V00.381A</i>	<i>Fall from other flat-bottomed pedestrian conveyance, initial encounter</i>
<i>V00.381D</i>	<i>Fall from other flat-bottomed pedestrian conveyance, subsequent encounter</i>
<i>V00.381S</i>	<i>Fall from other flat-bottomed pedestrian conveyance, sequela</i>
<i>V00.382A</i>	<i>Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, initial encounter</i>
<i>V00.382D</i>	<i>Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, subsequent encounter</i>
<i>V00.382S</i>	<i>Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, sequela</i>
<i>V00.388A</i>	<i>Other accident on other flat-bottomed pedestrian conveyance, initial encounter</i>
<i>V00.388D</i>	<i>Other accident on other flat-bottomed pedestrian conveyance, subsequent encounter</i>
<i>V00.388S</i>	<i>Other accident on other flat-bottomed pedestrian conveyance, sequela</i>
<i>V00.811A</i>	<i>Fall from moving wheelchair (powered), initial encounter</i>
<i>V00.811D</i>	<i>Fall from moving wheelchair (powered), subsequent encounter</i>
<i>V00.811S</i>	<i>Fall from moving wheelchair (powered), sequela</i>
<i>V00.812A</i>	<i>Wheelchair (powered) colliding with stationary object, initial encounter</i>
<i>V00.812D</i>	<i>Wheelchair (powered) colliding with stationary object, subsequent encounter</i>
<i>V00.812S</i>	<i>Wheelchair (powered) colliding with stationary object, sequela</i>
<i>V00.818A</i>	<i>Other accident with wheelchair (powered), initial encounter</i>
<i>V00.818D</i>	<i>Other accident with wheelchair (powered), subsequent encounter</i>
<i>V00.818S</i>	<i>Other accident with wheelchair (powered), sequela</i>
<i>V00.821A</i>	<i>Fall from baby stroller, initial encounter</i>
<i>V00.821D</i>	<i>Fall from baby stroller, subsequent encounter</i>
<i>V00.821S</i>	<i>Fall from baby stroller, sequela</i>
<i>V00.822A</i>	<i>Baby stroller colliding with stationary object, initial encounter</i>
<i>V00.822D</i>	<i>Baby stroller colliding with stationary object, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>V00.822S</i>	<i>Baby stroller colliding with stationary object, sequela</i>
<i>V00.828A</i>	<i>Other accident with baby stroller, initial encounter</i>
<i>V00.828D</i>	<i>Other accident with baby stroller, subsequent encounter</i>
<i>V00.828S</i>	<i>Other accident with baby stroller, sequela</i>
<i>V00.831A</i>	<i>Fall from motorized mobility scooter, initial encounter</i>
<i>V00.831D</i>	<i>Fall from motorized mobility scooter, subsequent encounter</i>
<i>V00.831S</i>	<i>Fall from motorized mobility scooter, sequela</i>
<i>V00.832A</i>	<i>Motorized mobility scooter colliding with stationary object, initial encounter</i>
<i>V00.832D</i>	<i>Motorized mobility scooter colliding with stationary object, subsequent encounter</i>
<i>V00.832S</i>	<i>Motorized mobility scooter colliding with stationary object, sequela</i>
<i>V00.838A</i>	<i>Other accident with motorized mobility scooter, initial encounter</i>
<i>V00.838D</i>	<i>Other accident with motorized mobility scooter, subsequent encounter</i>
<i>V00.838S</i>	<i>Other accident with motorized mobility scooter, sequela</i>
<i>V00.841A</i>	<i>Fall from standing electric scooter, initial encounter</i>
<i>V00.841D</i>	<i>Fall from standing electric scooter, subsequent encounter</i>
<i>V00.841S</i>	<i>Fall from standing electric scooter, sequela</i>
<i>V00.842A</i>	<i>Pedestrian on standing electric scooter colliding with stationary object, initial encounter</i>
<i>V00.842D</i>	<i>Pedestrian on standing electric scooter colliding with stationary object, subsequent encounter</i>
<i>V00.842S</i>	<i>Pedestrian on standing electric scooter colliding with stationary object, sequela</i>
<i>V00.848A</i>	<i>Other accident with standing micro-mobility pedestrian conveyance, initial encounter</i>
<i>V00.848D</i>	<i>Other accident with standing micro-mobility pedestrian conveyance, subsequent encounter</i>
<i>V00.848S</i>	<i>Other accident with standing micro-mobility pedestrian conveyance, sequela</i>
<i>V00.891A</i>	<i>Fall from other pedestrian conveyance, initial encounter</i>
<i>V00.891D</i>	<i>Fall from other pedestrian conveyance, subsequent encounter</i>
<i>V00.891S</i>	<i>Fall from other pedestrian conveyance, sequela</i>
<i>V00.892A</i>	<i>Pedestrian on other pedestrian conveyance colliding with stationary object, initial encounter</i>
<i>V00.892D</i>	<i>Pedestrian on other pedestrian conveyance colliding with stationary object, subsequent encounter</i>
<i>V00.892S</i>	<i>Pedestrian on other pedestrian conveyance colliding with stationary object, sequela</i>
<i>V00.898A</i>	<i>Other accident on other pedestrian conveyance, initial encounter</i>
<i>V00.898D</i>	<i>Other accident on other pedestrian conveyance, subsequent encounter</i>
<i>V00.898S</i>	<i>Other accident on other pedestrian conveyance, sequela</i>
<i>V01.00XA</i>	<i>Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, initial encounter</i>
<i>V01.00XD</i>	<i>Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, subsequent encounter</i>
<i>V01.00XS</i>	<i>Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, sequela</i>
<i>V01.01XA</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>V01.01XD</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, subsequent encounter</i>
<i>V01.01XS</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, sequela</i>
<i>V01.02XA</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, initial encounter</i>
<i>V01.02XD</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, subsequent encounter</i>
<i>V01.02XS</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, sequela</i>
<i>V01.031A</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, initial encounter</i>
<i>V01.031D</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, subsequent encounter</i>
<i>V01.031S</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, sequela</i>
<i>V01.038A</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, initial encounter</i>
<i>V01.038D</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, subsequent encounter</i>
<i>V01.038S</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, sequela</i>
<i>V01.09XA</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, initial encounter</i>
<i>V01.09XD</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, subsequent encounter</i>
<i>V01.09XS</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, sequela</i>
<i>V01.10XA</i>	<i>Pedestrian on foot injured in collision with pedal cycle in traffic accident, initial encounter</i>
<i>V01.10XD</i>	<i>Pedestrian on foot injured in collision with pedal cycle in traffic accident, subsequent encounter</i>
<i>V01.10XS</i>	<i>Pedestrian on foot injured in collision with pedal cycle in traffic accident, sequela</i>
<i>V01.11XA</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, initial encounter</i>
<i>V01.11XD</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, subsequent encounter</i>
<i>V01.11XS</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, sequela</i>
<i>V011.2XA</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, initial encounter</i>
<i>V011.2XD</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, subsequent encounter</i>
<i>V01.12XS</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, sequela</i>
<i>V01.131A</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, initial encounter</i>
<i>V01.131D</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, subsequent encounter</i>
<i>V01.131S</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>V01.138A</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, initial encounter</i>
<i>V01.138D</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, subsequent encounter</i>
<i>V01.138S</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, sequela</i>
<i>V01.19XA</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, initial encounter</i>
<i>V01.19XD</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, subsequent encounter</i>
<i>V01.19XS</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, sequela</i>
<i>V01.90XA</i>	<i>Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V01.90XD</i>	<i>Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V01.90XS</i>	<i>Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V01.91XA</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V01.91XD</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V01.91XS</i>	<i>Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V01.92XA</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V01.92XD</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V01.92XS</i>	<i>Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V01.931A</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V01.931D</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V01.931S</i>	<i>Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V01.938A</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V01.938D</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V01.938S</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V01.99XA</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>V01.99XD</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V01.99XS</i>	<i>Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V06.00XA</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter</i>
<i>V06.00XD</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter</i>
<i>V06.00XS</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, sequela</i>
<i>V06.01XA</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter</i>
<i>V06.01XD</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter</i>
<i>V06.01XS</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, sequela</i>
<i>V06.02XA</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter</i>
<i>V06.02XD</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter</i>
<i>V06.02XS</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, sequela</i>
<i>V06.031A</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter</i>
<i>V06.031D</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter</i>
<i>V06.031S</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, sequela</i>
<i>V06.038A</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter</i>
<i>V06.038D</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter</i>
<i>V06.038S</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, sequela</i>
<i>V06.09XA</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter</i>
<i>V06.09XD</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter</i>
<i>V06.09XS</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, sequela</i>
<i>V06.10XA</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, initial encounter</i>
<i>V06.10XD</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter</i>
<i>V06.10XS</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>V06.11XA</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, initial encounter</i>
<i>V06.11XD</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter</i>
<i>V06.11XS</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, sequela</i>
<i>V06.12XA</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, initial encounter</i>
<i>V06.12XD</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter</i>
<i>V06.12XS</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, sequela</i>
<i>V06.131A</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, initial encounter</i>
<i>V06.131D</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter</i>
<i>V06.131S</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, sequela</i>
<i>V06.138A</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, initial encounter</i>
<i>V06.138D</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter</i>
<i>V06.138S</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, sequela</i>
<i>V06.19XA</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, initial encounter</i>
<i>V06.19XD</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter</i>
<i>V06.19XS</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, sequela</i>
<i>V06.90XA</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V06.90XD</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V06.90XS</i>	<i>Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V06.91XA</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V06.91XD</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V06.91XS</i>	<i>Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V06.92XA</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>V06.92XD</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V06.92XS</i>	<i>Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V06.931A</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V06.931D</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V06.931S</i>	<i>Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V06.938A</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V06.938D</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V06.938S</i>	<i>Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V06.99XA</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter</i>
<i>V06.99XD</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter</i>
<i>V06.99XS</i>	<i>Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela</i>
<i>V09.1XXA</i>	<i>Pedestrian injured in unspecified nontraffic accident, initial encounter</i>
<i>V09.1XXD</i>	<i>Pedestrian injured in unspecified nontraffic accident, subsequent encounter</i>
<i>V09.1XXS</i>	<i>Pedestrian injured in unspecified nontraffic accident, sequela</i>
<i>V10.0XXA</i>	<i>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter</i>
<i>V10.0XXD</i>	<i>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter</i>
<i>V10.0XXS</i>	<i>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela</i>
<i>V10.1XXA</i>	<i>Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, initial encounter</i>
<i>V10.1XXD</i>	<i>Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter</i>
<i>V10.1XXS</i>	<i>Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, sequela</i>
<i>V10.2XXA</i>	<i>Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, initial encounter</i>
<i>V10.2XXD</i>	<i>Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter</i>
<i>V10.2XXS</i>	<i>Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, sequela</i>
<i>V10.3XXA</i>	<i>Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal, initial encounter</i>

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

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

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

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

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>V18.9XXA</i>	<i>Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, initial encounter</i>
<i>V18.9XXD</i>	<i>Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, subsequent encounter</i>
<i>V18.9XXS</i>	<i>Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, sequela</i>
<i>V19.00XA</i>	<i>Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter</i>
<i>V19.00XD</i>	<i>Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter</i>
<i>V19.00XS</i>	<i>Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, sequela</i>
<i>V19.09XA</i>	<i>Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, initial encounter</i>
<i>V19.09XD</i>	<i>Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, subsequent encounter</i>
<i>V19.09XS</i>	<i>Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, sequela</i>
<i>V19.10XA</i>	<i>Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter</i>
<i>V19.10XD</i>	<i>Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter</i>
<i>V19.10XS</i>	<i>Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, sequela</i>
<i>V19.19XA</i>	<i>Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, initial encounter</i>
<i>V19.19XD</i>	<i>Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, subsequent encounter</i>
<i>V19.19XS</i>	<i>Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, sequela</i>
<i>V19.20XA</i>	<i>Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter</i>
<i>V19.20XD</i>	<i>Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter</i>
<i>V19.20XS</i>	<i>Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, sequela</i>
<i>V19.29XA</i>	<i>Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, initial encounter</i>
<i>V19.29XD</i>	<i>Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, subsequent encounter</i>
<i>V19.29XS</i>	<i>Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, sequela</i>
<i>V19.40XA</i>	<i>Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter</i>
<i>V19.40XD</i>	<i>Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter</i>
<i>V19.40XS</i>	<i>Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, sequela</i>
<i>V19.49XA</i>	<i>Pedal cycle driver injured in collision with other motor vehicles in traffic accident, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>V19.49XD</i>	<i>Pedal cycle driver injured in collision with other motor vehicles in traffic accident, subsequent encounter</i>
<i>V19.49XS</i>	<i>Pedal cycle driver injured in collision with other motor vehicles in traffic accident, sequela</i>
<i>V19.50XA</i>	<i>Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, initial encounter</i>
<i>V19.50XD</i>	<i>Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter</i>
<i>V19.50XS</i>	<i>Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, sequela</i>
<i>V19.59XA</i>	<i>Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, initial encounter</i>
<i>V19.59XD</i>	<i>Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, subsequent encounter</i>
<i>V19.59XS</i>	<i>Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, sequela</i>
<i>V19.60XA</i>	<i>Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, initial encounter</i>
<i>V19.60XD</i>	<i>Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter</i>
<i>V19.60XS</i>	<i>Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, sequela</i>
<i>V19.69XA</i>	<i>Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, initial encounter</i>
<i>V19.69XD</i>	<i>Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, subsequent encounter</i>
<i>V19.69XS</i>	<i>Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, sequela</i>
<i>V19.9XXA</i>	<i>Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, initial encounter</i>
<i>V19.9XXD</i>	<i>Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, subsequent encounter</i>
<i>V19.9XXS</i>	<i>Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, sequela</i>
<i>V80.710A</i>	<i>Animal-rider injured in collision with other animal being ridden, initial encounter</i>
<i>V80.710D</i>	<i>Animal-rider injured in collision with other animal being ridden, subsequent encounter</i>
<i>V80.710S</i>	<i>Animal-rider injured in collision with other animal being ridden, sequela</i>
<i>V80.790A</i>	<i>Animal-rider injured in collision with other nonmotor vehicles, initial encounter</i>
<i>V80.790D</i>	<i>Animal-rider injured in collision with other nonmotor vehicles, subsequent encounter</i>
<i>V80.790S</i>	<i>Animal-rider injured in collision with other nonmotor vehicles, sequela</i>
<i>V80.81XA</i>	<i>Animal-rider injured in collision with fixed or stationary object, initial encounter</i>
<i>V80.81XD</i>	<i>Animal-rider injured in collision with fixed or stationary object, subsequent encounter</i>
<i>V80.81XS</i>	<i>Animal-rider injured in collision with fixed or stationary object, sequela</i>
<i>V89.1XXA</i>	<i>Person injured in unspecified nonmotor-vehicle accident, nontraffic, initial encounter</i>
<i>V89.1XXD</i>	<i>Person injured in unspecified nonmotor-vehicle accident, nontraffic, subsequent encounter</i>
<i>V89.1XXS</i>	<i>Person injured in unspecified nonmotor-vehicle accident, nontraffic, sequela</i>

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

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W01.118A</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, initial encounter</i>
<i>W01.118D</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, subsequent encounter</i>
<i>W01.118S</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, sequela</i>
<i>W01.119A</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, initial encounter</i>
<i>W01.119D</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, subsequent encounter</i>
<i>W01.119S</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, sequela</i>
<i>W01.190A</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter</i>
<i>W01.190D</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, subsequent encounter</i>
<i>W01.190S</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, sequela</i>
<i>W01.198A</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter</i>
<i>W01.198D</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, subsequent encounter</i>
<i>W01.198S</i>	<i>Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, sequela</i>
<i>W03.XXXA</i>	<i>Other fall on same level due to collision with another person, initial encounter</i>
<i>W03.XXXD</i>	<i>Other fall on same level due to collision with another person, subsequent encounter</i>
<i>W03.XXXS</i>	<i>Other fall on same level due to collision with another person, sequela</i>
<i>W04.XXXA</i>	<i>Fall while being carried or supported by other persons, initial encounter</i>
<i>W04.XXXD</i>	<i>Fall while being carried or supported by other persons, subsequent encounter</i>
<i>W04.XXXS</i>	<i>Fall while being carried or supported by other persons, sequela</i>
<i>W05.0XXA</i>	<i>Fall from non-moving wheelchair, initial encounter</i>
<i>W05.0XXD</i>	<i>Fall from non-moving wheelchair, subsequent encounter</i>
<i>W05.0XXS</i>	<i>Fall from non-moving wheelchair, sequela</i>
<i>W05.1XXA</i>	<i>Fall from non-moving nonmotorized scooter, initial encounter</i>
<i>W05.1XXD</i>	<i>Fall from non-moving nonmotorized scooter, subsequent encounter</i>
<i>W05.1XXS</i>	<i>Fall from non-moving nonmotorized scooter, sequela</i>
<i>W06.XXXA</i>	<i>Fall from bed, initial encounter</i>
<i>W06.XXXD</i>	<i>Fall from bed, subsequent encounter</i>
<i>W06.XXXS</i>	<i>Fall from bed, sequela</i>
<i>W07.XXXA</i>	<i>Fall from chair, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W07.XXXD</i>	<i>Fall from chair, subsequent encounter</i>
<i>W07.XXXS</i>	<i>Fall from chair, sequela</i>
<i>W08.XXXA</i>	<i>Fall from other furniture, initial encounter</i>
<i>W08.XXXD</i>	<i>Fall from other furniture, subsequent encounter</i>
<i>W08.XXXS</i>	<i>Fall from other furniture, sequela</i>
<i>W09.0XXA</i>	<i>Fall on or from playground slide, initial encounter</i>
<i>W09.0XXD</i>	<i>Fall on or from playground slide, subsequent encounter</i>
<i>W09.0XXS</i>	<i>Fall on or from playground slide, sequela</i>
<i>W09.1XXA</i>	<i>Fall from playground swing, initial encounter</i>
<i>W09.1XXD</i>	<i>Fall from playground swing, subsequent encounter</i>
<i>W09.1XXS</i>	<i>Fall from playground swing, sequela</i>
<i>W09.2XXA</i>	<i>Fall on or from jungle gym, initial encounter</i>
<i>W09.2XXD</i>	<i>Fall on or from jungle gym, subsequent encounter</i>
<i>W09.2XXS</i>	<i>Fall on or from jungle gym, sequela</i>
<i>W09.8XXA</i>	<i>Fall on or from other playground equipment, initial encounter</i>
<i>W09.8XXD</i>	<i>Fall on or from other playground equipment, subsequent encounter</i>
<i>W09.8XXS</i>	<i>Fall on or from other playground equipment, sequela</i>
<i>W10.0XXA</i>	<i>Fall (on)(from) escalator, initial encounter</i>
<i>W10.0XXD</i>	<i>Fall (on)(from) escalator, subsequent encounter</i>
<i>W10.0XXS</i>	<i>Fall (on)(from) escalator, sequela</i>
<i>W10.1XXA</i>	<i>Fall (on)(from) sidewalk curb, initial encounter</i>
<i>W10.1XXD</i>	<i>Fall (on)(from) sidewalk curb, subsequent encounter</i>
<i>W10.1XXS</i>	<i>Fall (on)(from) sidewalk curb, sequela</i>
<i>W10.2XXA</i>	<i>Fall (on)(from) incline, initial encounter</i>
<i>W10.2XXD</i>	<i>Fall (on)(from) incline, subsequent encounter</i>
<i>W10.2XXS</i>	<i>Fall (on)(from) incline, sequela</i>
<i>W10.8XXA</i>	<i>Fall (on) (from) other stairs and steps, initial encounter</i>
<i>W10.8XXD</i>	<i>Fall (on) (from) other stairs and steps, subsequent encounter</i>
<i>W10.8XXS</i>	<i>Fall (on) (from) other stairs and steps, sequela</i>
<i>W10.9XXA</i>	<i>Fall (on) (from) unspecified stairs and steps, initial encounter</i>
<i>W10.9XXD</i>	<i>Fall (on) (from) unspecified stairs and steps, subsequent encounter</i>
<i>W10.9XXS</i>	<i>Fall (on) (from) unspecified stairs and steps, sequela</i>
<i>W11.XXXA</i>	<i>Fall on and from ladder, initial encounter</i>
<i>W11.XXXD</i>	<i>Fall on and from ladder, subsequent encounter</i>
<i>W11.XXXS</i>	<i>Fall on and from ladder, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>W12.XXXA</i>	<i>Fall on and from scaffolding, initial encounter</i>
<i>W12.XXXD</i>	<i>Fall on and from scaffolding, subsequent encounter</i>
<i>W12.XXXS</i>	<i>Fall on and from scaffolding, sequela</i>
<i>W13.0XXA</i>	<i>Fall from, out of or through balcony, initial encounter</i>
<i>W13.0XXD</i>	<i>Fall from, out of or through balcony, subsequent encounter</i>
<i>W13.0XXS</i>	<i>Fall from, out of or through balcony, sequela</i>
<i>W13.1XXA</i>	<i>Fall from, out of or through bridge, initial encounter</i>
<i>W13.1XXD</i>	<i>Fall from, out of or through bridge, subsequent encounter</i>
<i>W13.1XXS</i>	<i>Fall from, out of or through bridge, sequela</i>
<i>W13.2XXA</i>	<i>Fall from, out of or through roof, initial encounter</i>
<i>W13.2XXD</i>	<i>Fall from, out of or through roof, subsequent encounter</i>
<i>W13.2XXS</i>	<i>Fall from, out of or through roof, sequela</i>
<i>W13.3XXA</i>	<i>Fall through floor, initial encounter</i>
<i>W13.3XXD</i>	<i>Fall through floor, subsequent encounter</i>
<i>W13.3XXS</i>	<i>Fall through floor, sequela</i>
<i>W13.4XXA</i>	<i>Fall from, out of or through window, initial encounter</i>
<i>W13.4XXD</i>	<i>Fall from, out of or through window, subsequent encounter</i>
<i>W13.4XXS</i>	<i>Fall from, out of or through window, sequela</i>
<i>W13.8XXA</i>	<i>Fall from, out of or through other building or structure, initial encounter</i>
<i>W13.8XXD</i>	<i>Fall from, out of or through other building or structure, subsequent encounter</i>
<i>W13.8XXS</i>	<i>Fall from, out of or through other building or structure, sequela</i>
<i>W13.9XXA</i>	<i>Fall from, out of or through building, not otherwise specified, initial encounter</i>
<i>W13.9XXD</i>	<i>Fall from, out of or through building, not otherwise specified, subsequent encounter</i>
<i>W13.9XXS</i>	<i>Fall from, out of or through building, not otherwise specified, sequela</i>
<i>W14.XXXA</i>	<i>Fall from tree, initial encounter</i>
<i>W14.XXXD</i>	<i>Fall from tree, subsequent encounter</i>
<i>W14.XXXS</i>	<i>Fall from tree, sequela</i>
<i>W15.XXXA</i>	<i>Fall from cliff, initial encounter</i>
<i>W15.XXXD</i>	<i>Fall from cliff, subsequent encounter</i>
<i>W15.XXXS</i>	<i>Fall from cliff, sequela</i>
<i>W16.011A</i>	<i>Fall into swimming pool striking water surface causing drowning and submersion, initial encounter</i>
<i>W16.011D</i>	<i>Fall into swimming pool striking water surface causing drowning and submersion, subsequent encounter</i>
<i>W16.011S</i>	<i>Fall into swimming pool striking water surface causing drowning and submersion, sequela</i>
<i>W16.012A</i>	<i>Fall into swimming pool striking water surface causing other injury, initial encounter</i>
<i>W16.012D</i>	<i>Fall into swimming pool striking water surface causing other injury, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W16.012S</i>	<i>Fall into swimming pool striking water surface causing other injury, sequela</i>
<i>W16.021A</i>	<i>Fall into swimming pool striking bottom causing drowning and submersion, initial encounter</i>
<i>W16.021D</i>	<i>Fall into swimming pool striking bottom causing drowning and submersion, subsequent encounter</i>
<i>W16.021S</i>	<i>Fall into swimming pool striking bottom causing drowning and submersion, sequela</i>
<i>W16.022A</i>	<i>Fall into swimming pool striking bottom causing other injury, initial encounter</i>
<i>W16.022D</i>	<i>Fall into swimming pool striking bottom causing other injury, subsequent encounter</i>
<i>W16.022S</i>	<i>Fall into swimming pool striking bottom causing other injury, sequela</i>
<i>W16.031A</i>	<i>Fall into swimming pool striking wall causing drowning and submersion, initial encounter</i>
<i>W16.031D</i>	<i>Fall into swimming pool striking wall causing drowning and submersion, subsequent encounter</i>
<i>W16.031S</i>	<i>Fall into swimming pool striking wall causing drowning and submersion, sequela</i>
<i>W16.032A</i>	<i>Fall into swimming pool striking wall causing other injury, initial encounter</i>
<i>W16.032D</i>	<i>Fall into swimming pool striking wall causing other injury, subsequent encounter</i>
<i>W16.032S</i>	<i>Fall into swimming pool striking wall causing other injury, sequela</i>
<i>W16.111A</i>	<i>Fall into natural body of water striking water surface causing drowning and submersion, initial encounter</i>
<i>W16.111D</i>	<i>Fall into natural body of water striking water surface causing drowning and submersion, subsequent encounter</i>
<i>W16.111S</i>	<i>Fall into natural body of water striking water surface causing drowning and submersion, sequela</i>
<i>W16.112A</i>	<i>Fall into natural body of water striking water surface causing other injury, initial encounter</i>
<i>W16.112D</i>	<i>Fall into natural body of water striking water surface causing other injury, subsequent encounter</i>
<i>W16.112S</i>	<i>Fall into natural body of water striking water surface causing other injury, sequela</i>
<i>W16.121A</i>	<i>Fall into natural body of water striking bottom causing drowning and submersion, initial encounter</i>
<i>W16.121D</i>	<i>Fall into natural body of water striking bottom causing drowning and submersion, subsequent encounter</i>
<i>W16.121S</i>	<i>Fall into natural body of water striking bottom causing drowning and submersion, sequela</i>
<i>W16.122A</i>	<i>Fall into natural body of water striking bottom causing other injury, initial encounter</i>
<i>W16.122D</i>	<i>Fall into natural body of water striking bottom causing other injury, subsequent encounter</i>
<i>W16.122S</i>	<i>Fall into natural body of water striking bottom causing other injury, sequela</i>
<i>W16.131A</i>	<i>Fall into natural body of water striking side causing drowning and submersion, initial encounter</i>
<i>W16.131D</i>	<i>Fall into natural body of water striking side causing drowning and submersion, subsequent encounter</i>
<i>W16.131S</i>	<i>Fall into natural body of water striking side causing drowning and submersion, sequela</i>
<i>W16.132A</i>	<i>Fall into natural body of water striking side causing other injury, initial encounter</i>
<i>W16.132D</i>	<i>Fall into natural body of water striking side causing other injury, subsequent encounter</i>
<i>W16.132S</i>	<i>Fall into natural body of water striking side causing other injury, sequela</i>
<i>W16.211A</i>	<i>Fall in (into) filled bathtub causing drowning and submersion, initial encounter</i>
<i>W16.211D</i>	<i>Fall in (into) filled bathtub causing drowning and submersion, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W16.211S</i>	<i>Fall in (into) filled bathtub causing drowning and submersion, sequela</i>
<i>W16.212A</i>	<i>Fall in (into) filled bathtub causing other injury, initial encounter</i>
<i>W16.212D</i>	<i>Fall in (into) filled bathtub causing other injury, subsequent encounter</i>
<i>W16.212S</i>	<i>Fall in (into) filled bathtub causing other injury, sequela</i>
<i>W16.221A</i>	<i>Fall in (into) bucket of water causing drowning and submersion, initial encounter</i>
<i>W16.221D</i>	<i>Fall in (into) bucket of water causing drowning and submersion, subsequent encounter</i>
<i>W16.221S</i>	<i>Fall in (into) bucket of water causing drowning and submersion, sequela</i>
<i>W16.222A</i>	<i>Fall in (into) bucket of water causing other injury, initial encounter</i>
<i>W16.222D</i>	<i>Fall in (into) bucket of water causing other injury, subsequent encounter</i>
<i>W16.222S</i>	<i>Fall in (into) bucket of water causing other injury, sequela</i>
<i>W16.311A</i>	<i>Fall into other water striking water surface causing drowning and submersion, initial encounter</i>
<i>W16.311D</i>	<i>Fall into other water striking water surface causing drowning and submersion, subsequent encounter</i>
<i>W16.311S</i>	<i>Fall into other water striking water surface causing drowning and submersion, sequela</i>
<i>W16.312A</i>	<i>Fall into other water striking water surface causing other injury, initial encounter</i>
<i>W16.312D</i>	<i>Fall into other water striking water surface causing other injury, subsequent encounter</i>
<i>W16.312S</i>	<i>Fall into other water striking water surface causing other injury, sequela</i>
<i>W16.321A</i>	<i>Fall into other water striking bottom causing drowning and submersion, initial encounter</i>
<i>W16.321D</i>	<i>Fall into other water striking bottom causing drowning and submersion, subsequent encounter</i>
<i>W16.321S</i>	<i>Fall into other water striking bottom causing drowning and submersion, sequela</i>
<i>W16.322A</i>	<i>Fall into other water striking bottom causing other injury, initial encounter</i>
<i>W16.322D</i>	<i>Fall into other water striking bottom causing other injury, subsequent encounter</i>
<i>W16.322S</i>	<i>Fall into other water striking bottom causing other injury, sequela</i>
<i>W16.331A</i>	<i>Fall into other water striking wall causing drowning and submersion, initial encounter</i>
<i>W16.331D</i>	<i>Fall into other water striking wall causing drowning and submersion, subsequent encounter</i>
<i>W16.331S</i>	<i>Fall into other water striking wall causing drowning and submersion, sequela</i>
<i>W16.332A</i>	<i>Fall into other water striking wall causing other injury, initial encounter</i>
<i>W16.332D</i>	<i>Fall into other water striking wall causing other injury, subsequent encounter</i>
<i>W16.332S</i>	<i>Fall into other water striking wall causing other injury, sequela</i>
<i>W16.41XA</i>	<i>Fall into unspecified water causing drowning and submersion, initial encounter</i>
<i>W16.41XD</i>	<i>Fall into unspecified water causing drowning and submersion, subsequent encounter</i>
<i>W16.41XS</i>	<i>Fall into unspecified water causing drowning and submersion, sequela</i>
<i>W16.42XA</i>	<i>Fall into unspecified water causing other injury, initial encounter</i>
<i>W16.42XD</i>	<i>Fall into unspecified water causing other injury, subsequent encounter</i>
<i>W16.42XS</i>	<i>Fall into unspecified water causing other injury, sequela</i>
<i>W16.511A</i>	<i>Jumping or diving into swimming pool striking water surface causing drowning and submersion, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W16.511D</i>	<i>Jumping or diving into swimming pool striking water surface causing drowning and submersion, subsequent encounter</i>
<i>W16.511S</i>	<i>Jumping or diving into swimming pool striking water surface causing drowning and submersion, sequela</i>
<i>W16.512A</i>	<i>Jumping or diving into swimming pool striking water surface causing other injury, initial encounter</i>
<i>W16.512D</i>	<i>Jumping or diving into swimming pool striking water surface causing other injury, subsequent encounter</i>
<i>W16.512S</i>	<i>Jumping or diving into swimming pool striking water surface causing other injury, sequela</i>
<i>W16.521A</i>	<i>Jumping or diving into swimming pool striking bottom causing drowning and submersion, initial encounter</i>
<i>W16.521D</i>	<i>Jumping or diving into swimming pool striking bottom causing drowning and submersion, subsequent encounter</i>
<i>W16.521S</i>	<i>Jumping or diving into swimming pool striking bottom causing drowning and submersion, sequela</i>
<i>W16.522A</i>	<i>Jumping or diving into swimming pool striking bottom causing other injury, initial encounter</i>
<i>W16.522D</i>	<i>Jumping or diving into swimming pool striking bottom causing other injury, subsequent encounter</i>
<i>W16.522S</i>	<i>Jumping or diving into swimming pool striking bottom causing other injury, sequela</i>
<i>W16.531A</i>	<i>Jumping or diving into swimming pool striking wall causing drowning and submersion, initial encounter</i>
<i>W16.531D</i>	<i>Jumping or diving into swimming pool striking wall causing drowning and submersion, subsequent encounter</i>
<i>W16.531S</i>	<i>Jumping or diving into swimming pool striking wall causing drowning and submersion, sequela</i>
<i>W16.532A</i>	<i>Jumping or diving into swimming pool striking wall causing other injury, initial encounter</i>
<i>W16.532D</i>	<i>Jumping or diving into swimming pool striking wall causing other injury, subsequent encounter</i>
<i>W16.532S</i>	<i>Jumping or diving into swimming pool striking wall causing other injury, sequela</i>
<i>W16.611A</i>	<i>Jumping or diving into natural body of water striking water surface causing drowning and submersion, initial encounter</i>
<i>W16.611D</i>	<i>Jumping or diving into natural body of water striking water surface causing drowning and submersion, subsequent encounter</i>
<i>W16.611S</i>	<i>Jumping or diving into natural body of water striking water surface causing drowning and submersion, sequela</i>
<i>W16.612A</i>	<i>Jumping or diving into natural body of water striking water surface causing other injury, initial encounter</i>
<i>W16.612D</i>	<i>Jumping or diving into natural body of water striking water surface causing other injury, subsequent encounter</i>
<i>W16.612S</i>	<i>Jumping or diving into natural body of water striking water surface causing other injury, sequela</i>
<i>W16.621A</i>	<i>Jumping or diving into natural body of water striking bottom causing drowning and submersion, initial encounter</i>
<i>W16.621D</i>	<i>Jumping or diving into natural body of water striking bottom causing drowning and submersion, subsequent encounter</i>
<i>W16.621S</i>	<i>Jumping or diving into natural body of water striking bottom causing drowning and submersion, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W16.622A</i>	<i>Jumping or diving into natural body of water striking bottom causing other injury, initial encounter</i>
<i>W16.622D</i>	<i>Jumping or diving into natural body of water striking bottom causing other injury, subsequent encounter</i>
<i>W16.622S</i>	<i>Jumping or diving into natural body of water striking bottom causing other injury, sequela</i>
<i>W16.711A</i>	<i>Jumping or diving from boat striking water surface causing drowning and submersion, initial encounter</i>
<i>W16.711D</i>	<i>Jumping or diving from boat striking water surface causing drowning and submersion, subsequent encounter</i>
<i>W16.711S</i>	<i>Jumping or diving from boat striking water surface causing drowning and submersion, sequela</i>
<i>W16.712A</i>	<i>Jumping or diving from boat striking water surface causing other injury, initial encounter</i>
<i>W16.712D</i>	<i>Jumping or diving from boat striking water surface causing other injury, subsequent encounter</i>
<i>W16.712S</i>	<i>Jumping or diving from boat striking water surface causing other injury, sequela</i>
<i>W16.721A</i>	<i>Jumping or diving from boat striking bottom causing drowning and submersion, initial encounter</i>
<i>W16.721D</i>	<i>Jumping or diving from boat striking bottom causing drowning and submersion, subsequent encounter</i>
<i>W16.721S</i>	<i>Jumping or diving from boat striking bottom causing drowning and submersion, sequela</i>
<i>W16.722A</i>	<i>Jumping or diving from boat striking bottom causing other injury, initial encounter</i>
<i>W16.722D</i>	<i>Jumping or diving from boat striking bottom causing other injury, subsequent encounter</i>
<i>W16.722S</i>	<i>Jumping or diving from boat striking bottom causing other injury, sequela</i>
<i>W16.811A</i>	<i>Jumping or diving into other water striking water surface causing drowning and submersion, initial encounter</i>
<i>W16.811D</i>	<i>Jumping or diving into other water striking water surface causing drowning and submersion, subsequent encounter</i>
<i>W16.811S</i>	<i>Jumping or diving into other water striking water surface causing drowning and submersion, sequela</i>
<i>W16.812A</i>	<i>Jumping or diving into other water striking water surface causing other injury, initial encounter</i>
<i>W16.812D</i>	<i>Jumping or diving into other water striking water surface causing other injury, subsequent encounter</i>
<i>W16.812S</i>	<i>Jumping or diving into other water striking water surface causing other injury, sequela</i>
<i>W16.821A</i>	<i>Jumping or diving into other water striking bottom causing drowning and submersion, initial encounter</i>
<i>W16.821D</i>	<i>Jumping or diving into other water striking bottom causing drowning and submersion, subsequent encounter</i>
<i>W16.821S</i>	<i>Jumping or diving into other water striking bottom causing drowning and submersion, sequela</i>
<i>W16.822A</i>	<i>Jumping or diving into other water striking bottom causing other injury, initial encounter</i>
<i>W16.822D</i>	<i>Jumping or diving into other water striking bottom causing other injury, subsequent encounter</i>
<i>W16.822S</i>	<i>Jumping or diving into other water striking bottom causing other injury, sequela</i>
<i>W16.831A</i>	<i>Jumping or diving into other water striking wall causing drowning and submersion, initial encounter</i>
<i>W16.831D</i>	<i>Jumping or diving into other water striking wall causing drowning and submersion, subsequent encounter</i>
<i>W16.831S</i>	<i>Jumping or diving into other water striking wall causing drowning and submersion, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>W16832A</i>	<i>Jumping or diving into other water striking wall causing other injury, initial encounter</i>
<i>W16.832D</i>	<i>Jumping or diving into other water striking wall causing other injury, subsequent encounter</i>
<i>W16.832S</i>	<i>Jumping or diving into other water striking wall causing other injury, sequela</i>
<i>W16.91XA</i>	<i>Jumping or diving into unspecified water causing drowning and submersion, initial encounter</i>
<i>W16.91XD</i>	<i>Jumping or diving into unspecified water causing drowning and submersion, subsequent encounter</i>
<i>W16.91XS</i>	<i>Jumping or diving into unspecified water causing drowning and submersion, sequela</i>
<i>W16.92XA</i>	<i>Jumping or diving into unspecified water causing other injury, initial encounter</i>
<i>W16.92XD</i>	<i>Jumping or diving into unspecified water causing other injury, subsequent encounter</i>
<i>W16.92XS</i>	<i>Jumping or diving into unspecified water causing other injury, sequela</i>
<i>W17..0XXA</i>	<i>Fall into well, initial encounter</i>
<i>W17..0XXD</i>	<i>Fall into well, subsequent encounter</i>
<i>W17..0XXS</i>	<i>Fall into well, sequela</i>
<i>W17..1XXA</i>	<i>Fall into storm drain or manhole, initial encounter</i>
<i>W17..1XXD</i>	<i>Fall into storm drain or manhole, subsequent encounter</i>
<i>W17..1XXS</i>	<i>Fall into storm drain or manhole, sequela</i>
<i>W17..2XXA</i>	<i>Fall into hole, initial encounter</i>
<i>W17..2XXD</i>	<i>Fall into hole, subsequent encounter</i>
<i>W17..2XXS</i>	<i>Fall into hole, sequela</i>
<i>W17..3XXA</i>	<i>Fall into empty swimming pool, initial encounter</i>
<i>W17..3XXD</i>	<i>Fall into empty swimming pool, subsequent encounter</i>
<i>W17..3XXS</i>	<i>Fall into empty swimming pool, sequela</i>
<i>W17..4XXA</i>	<i>Fall from dock, initial encounter</i>
<i>W17..4XXD</i>	<i>Fall from dock, subsequent encounter</i>
<i>W17..4XXS</i>	<i>Fall from dock, sequela</i>
<i>W17..81XA</i>	<i>Fall down embankment (hill), initial encounter</i>
<i>W17..81XD</i>	<i>Fall down embankment (hill), subsequent encounter</i>
<i>W17.81XS</i>	<i>Fall down embankment (hill), sequela</i>
<i>W17.82XA</i>	<i>Fall from (out of) grocery cart, initial encounter</i>
<i>W17.82XD</i>	<i>Fall from (out of) grocery cart, subsequent encounter</i>
<i>W17.82XS</i>	<i>Fall from (out of) grocery cart, sequela</i>
<i>W17.89XA</i>	<i>Other fall from one level to another, initial encounter</i>
<i>W17.89XD</i>	<i>Other fall from one level to another, subsequent encounter</i>
<i>W17.89XS</i>	<i>Other fall from one level to another, sequela</i>
<i>W18..00XA</i>	<i>Striking against unspecified object with subsequent fall, initial encounter</i>
<i>W18.00XD</i>	<i>Striking against unspecified object with subsequent fall, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W18.00XS</i>	<i>Striking against unspecified object with subsequent fall, sequela</i>
<i>W18.01XA</i>	<i>Striking against sports equipment with subsequent fall, initial encounter</i>
<i>W18.01XD</i>	<i>Striking against sports equipment with subsequent fall, subsequent encounter</i>
<i>W18.01XS</i>	<i>Striking against sports equipment with subsequent fall, sequela</i>
<i>W18.02XA</i>	<i>Striking against glass with subsequent fall, initial encounter</i>
<i>W18.02XD</i>	<i>Striking against glass with subsequent fall, subsequent encounter</i>
<i>W18.02XS</i>	<i>Striking against glass with subsequent fall, sequela</i>
<i>W18.09XA</i>	<i>Striking against other object with subsequent fall, initial encounter</i>
<i>W18.09XD</i>	<i>Striking against other object with subsequent fall, subsequent encounter</i>
<i>W18.09XS</i>	<i>Striking against other object with subsequent fall, sequela</i>
<i>W18.11XA</i>	<i>Fall from or off toilet without subsequent striking against object, initial encounter</i>
<i>W18.11XD</i>	<i>Fall from or off toilet without subsequent striking against object, subsequent encounter</i>
<i>W18.11XS</i>	<i>Fall from or off toilet without subsequent striking against object, sequela</i>
<i>W18.12XA</i>	<i>Fall from or off toilet with subsequent striking against object, initial encounter</i>
<i>W18.12XD</i>	<i>Fall from or off toilet with subsequent striking against object, subsequent encounter</i>
<i>W18.12XS</i>	<i>Fall from or off toilet with subsequent striking against object, sequela</i>
<i>W18.2XXA</i>	<i>Fall in (into) shower or empty bathtub, initial encounter</i>
<i>W18.2XXD</i>	<i>Fall in (into) shower or empty bathtub, subsequent encounter</i>
<i>W18.2XXS</i>	<i>Fall in (into) shower or empty bathtub, sequela</i>
<i>W18.30XA</i>	<i>Fall on same level, unspecified, initial encounter</i>
<i>W18.30XD</i>	<i>Fall on same level, unspecified, subsequent encounter</i>
<i>W18.30XS</i>	<i>Fall on same level, unspecified, sequela</i>
<i>W18.31XA</i>	<i>Fall on same level due to stepping on an object, initial encounter</i>
<i>W18.31XD</i>	<i>Fall on same level due to stepping on an object, subsequent encounter</i>
<i>W18.31XS</i>	<i>Fall on same level due to stepping on an object, sequela</i>
<i>W18.39XA</i>	<i>Other fall on same level, initial encounter</i>
<i>W18.39XD</i>	<i>Other fall on same level, subsequent encounter</i>
<i>W18.39XS</i>	<i>Other fall on same level, sequela</i>
<i>W18.40XA</i>	<i>Slipping, tripping and stumbling without falling, unspecified, initial encounter</i>
<i>W18.40XD</i>	<i>Slipping, tripping and stumbling without falling, unspecified, subsequent encounter</i>
<i>W18.40XS</i>	<i>Slipping, tripping and stumbling without falling, unspecified, sequela</i>
<i>W18.41XA</i>	<i>Slipping, tripping and stumbling without falling due to stepping on object, initial encounter</i>
<i>W18.41XD</i>	<i>Slipping, tripping and stumbling without falling due to stepping on object, subsequent encounter</i>
<i>W18.41XS</i>	<i>Slipping, tripping and stumbling without falling due to stepping on object, sequela</i>
<i>W18.42XA</i>	<i>Slipping, tripping and stumbling without falling due to stepping into hole or opening, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W18.42XD</i>	<i>Slipping, tripping and stumbling without falling due to stepping into hole or opening, subsequent encounter</i>
<i>W18.42XS</i>	<i>Slipping, tripping and stumbling without falling due to stepping into hole or opening, sequela</i>
<i>W18.43XA</i>	<i>Slipping, tripping and stumbling without falling due to stepping from one level to another, initial encounter</i>
<i>W18.43XD</i>	<i>Slipping, tripping and stumbling without falling due to stepping from one level to another, subsequent encounter</i>
<i>W18.43XS</i>	<i>Slipping, tripping and stumbling without falling due to stepping from one level to another, sequela</i>
<i>W18.49XA</i>	<i>Other slipping, tripping and stumbling without falling, initial encounter</i>
<i>W18.49XD</i>	<i>Other slipping, tripping and stumbling without falling, subsequent encounter</i>
<i>W18.49XS</i>	<i>Other slipping, tripping and stumbling without falling, sequela</i>
<i>W19.XXXA</i>	<i>Unspecified fall, initial encounter</i>
<i>W19.XXXD</i>	<i>Unspecified fall, subsequent encounter</i>
<i>W19.XXXS</i>	<i>Unspecified fall, sequela</i>
<i>W20.0XXA</i>	<i>Struck by falling object in cave-in, initial encounter</i>
<i>W20.0XXD</i>	<i>Struck by falling object in cave-in, subsequent encounter</i>
<i>W20.0XXS</i>	<i>Struck by falling object in cave-in, sequela</i>
<i>W20.1XXA</i>	<i>Struck by object due to collapse of building, initial encounter</i>
<i>W20.1XXD</i>	<i>Struck by object due to collapse of building, subsequent encounter</i>
<i>W20.1XXS</i>	<i>Struck by object due to collapse of building, sequela</i>
<i>W20.8XXA</i>	<i>Other cause of strike by thrown, projected or falling object, initial encounter</i>
<i>W20.8XXD</i>	<i>Other cause of strike by thrown, projected or falling object, subsequent encounter</i>
<i>W20.8XXS</i>	<i>Other cause of strike by thrown, projected or falling object, sequela</i>
<i>W21.00XA</i>	<i>Struck by hit or thrown ball, unspecified type, initial encounter</i>
<i>W21.00XD</i>	<i>Struck by hit or thrown ball, unspecified type, subsequent encounter</i>
<i>W21.00XS</i>	<i>Struck by hit or thrown ball, unspecified type, sequela</i>
<i>W21.01XA</i>	<i>Struck by football, initial encounter</i>
<i>W21.01XD</i>	<i>Struck by football, subsequent encounter</i>
<i>W21.01XS</i>	<i>Struck by football, sequela</i>
<i>W21.02XA</i>	<i>Struck by soccer ball, initial encounter</i>
<i>W21.02XD</i>	<i>Struck by soccer ball, subsequent encounter</i>
<i>W21.02XS</i>	<i>Struck by soccer ball, sequela</i>
<i>W21.03XA</i>	<i>Struck by baseball, initial encounter</i>
<i>W21.03XD</i>	<i>Struck by baseball, subsequent encounter</i>
<i>W21.03XS</i>	<i>Struck by baseball, sequela</i>
<i>W21.04XA</i>	<i>Struck by golf ball, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>W21.04XD</i>	<i>Struck by golf ball, subsequent encounter</i>
<i>W21.04XS</i>	<i>Struck by golf ball, sequela</i>
<i>W21.05XA</i>	<i>Struck by basketball, initial encounter</i>
<i>W21.05XD</i>	<i>Struck by basketball, subsequent encounter</i>
<i>W21.05XS</i>	<i>Struck by basketball, sequela</i>
<i>W21.06XA</i>	<i>Struck by volleyball, initial encounter</i>
<i>W21.06XD</i>	<i>Struck by volleyball, subsequent encounter</i>
<i>W21.06XS</i>	<i>Struck by volleyball, sequela</i>
<i>W21.07XA</i>	<i>Struck by softball, initial encounter</i>
<i>W21.07XD</i>	<i>Struck by softball, subsequent encounter</i>
<i>W21.07XS</i>	<i>Struck by softball, sequela</i>
<i>W21.09XA</i>	<i>Struck by other hit or thrown ball, initial encounter</i>
<i>W21.09XD</i>	<i>Struck by other hit or thrown ball, subsequent encounter</i>
<i>W21.09XS</i>	<i>Struck by other hit or thrown ball, sequela</i>
<i>W21.11XA</i>	<i>Struck by baseball bat, initial encounter</i>
<i>W21.11XD</i>	<i>Struck by baseball bat, subsequent encounter</i>
<i>W21.11XS</i>	<i>Struck by baseball bat, sequela</i>
<i>W21.12XA</i>	<i>Struck by tennis racquet, initial encounter</i>
<i>W21.12XD</i>	<i>Struck by tennis racquet, subsequent encounter</i>
<i>W21.12XS</i>	<i>Struck by tennis racquet, sequela</i>
<i>W21.13XA</i>	<i>Struck by golf club, initial encounter</i>
<i>W21.13XD</i>	<i>Struck by golf club, subsequent encounter</i>
<i>W21.13XS</i>	<i>Struck by golf club, sequela</i>
<i>W21.19XA</i>	<i>Struck by other bat, racquet or club, initial encounter</i>
<i>W21.19XD</i>	<i>Struck by other bat, racquet or club, subsequent encounter</i>
<i>W21.19XS</i>	<i>Struck by other bat, racquet or club, sequela</i>
<i>W21.210A</i>	<i>Struck by ice hockey stick, initial encounter</i>
<i>W21.210D</i>	<i>Struck by ice hockey stick, subsequent encounter</i>
<i>W21.210S</i>	<i>Struck by ice hockey stick, sequela</i>
<i>W21.211A</i>	<i>Struck by field hockey stick, initial encounter</i>
<i>W21.211D</i>	<i>Struck by field hockey stick, subsequent encounter</i>
<i>W21.211S</i>	<i>Struck by field hockey stick, sequela</i>
<i>W21.220A</i>	<i>Struck by ice hockey puck, initial encounter</i>
<i>W21.220D</i>	<i>Struck by ice hockey puck, subsequent encounter</i>
<i>W21.220S</i>	<i>Struck by ice hockey puck, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W21.221A</i>	<i>Struck by field hockey puck, initial encounter</i>
<i>W21.221D</i>	<i>Struck by field hockey puck, subsequent encounter</i>
<i>W21.221S</i>	<i>Struck by field hockey puck, sequela</i>
<i>W21.31XA</i>	<i>Struck by shoe cleats, initial encounter</i>
<i>W21.31XD</i>	<i>Struck by shoe cleats, subsequent encounter</i>
<i>W21.31XS</i>	<i>Struck by shoe cleats, sequela</i>
<i>W21.32XA</i>	<i>Struck by skate blades, initial encounter</i>
<i>W21.32XD</i>	<i>Struck by skate blades, subsequent encounter</i>
<i>W21.32XS</i>	<i>Struck by skate blades, sequela</i>
<i>W21.39XA</i>	<i>Struck by other sports foot wear, initial encounter</i>
<i>W21.39XD</i>	<i>Struck by other sports foot wear, subsequent encounter</i>
<i>W21.39XS</i>	<i>Struck by other sports foot wear, sequela</i>
<i>W21.4XXA</i>	<i>Striking against diving board, initial encounter</i>
<i>W21.4XXD</i>	<i>Striking against diving board, subsequent encounter</i>
<i>W21.4XXS</i>	<i>Striking against diving board, sequela</i>
<i>W21.81XA</i>	<i>Striking against or struck by football helmet, initial encounter</i>
<i>W21.81XD</i>	<i>Striking against or struck by football helmet, subsequent encounter</i>
<i>W21.81XS</i>	<i>Striking against or struck by football helmet, sequela</i>
<i>W21.89XA</i>	<i>Striking against or struck by other sports equipment, initial encounter</i>
<i>W21.89XD</i>	<i>Striking against or struck by other sports equipment, subsequent encounter</i>
<i>W21.89XS</i>	<i>Striking against or struck by other sports equipment, sequela</i>
<i>W21.9XXA</i>	<i>Striking against or struck by unspecified sports equipment, initial encounter</i>
<i>W21.9XXD</i>	<i>Striking against or struck by unspecified sports equipment, subsequent encounter</i>
<i>W21.9XXS</i>	<i>Striking against or struck by unspecified sports equipment, sequela</i>
<i>W22.01XA</i>	<i>Walked into wall, initial encounter</i>
<i>W22.01XD</i>	<i>Walked into wall, subsequent encounter</i>
<i>W22.01XS</i>	<i>Walked into wall, sequela</i>
<i>W22.02XA</i>	<i>Walked into lamppost, initial encounter</i>
<i>W22.02XD</i>	<i>Walked into lamppost, subsequent encounter</i>
<i>W22.02XS</i>	<i>Walked into lamppost, sequela</i>
<i>W22.03XA</i>	<i>Walked into furniture, initial encounter</i>
<i>W22.03XD</i>	<i>Walked into furniture, subsequent encounter</i>
<i>W22.03XS</i>	<i>Walked into furniture, sequela</i>
<i>W22.041A</i>	<i>Striking against wall of swimming pool causing drowning and submersion, initial encounter</i>
<i>W22.041D</i>	<i>Striking against wall of swimming pool causing drowning and submersion, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W22.041S</i>	<i>Striking against wall of swimming pool causing drowning and submersion, sequela</i>
<i>W22.042A</i>	<i>Striking against wall of swimming pool causing other injury, initial encounter</i>
<i>W22.042D</i>	<i>Striking against wall of swimming pool causing other injury, subsequent encounter</i>
<i>W22.042S</i>	<i>Striking against wall of swimming pool causing other injury, sequela</i>
<i>W22.09XA</i>	<i>Striking against other stationary object, initial encounter</i>
<i>W22.09XD</i>	<i>Striking against other stationary object, subsequent encounter</i>
<i>W22.09XS</i>	<i>Striking against other stationary object, sequela</i>
<i>W26.1XXA</i>	<i>Contact with sword or dagger, initial encounter</i>
<i>W26.1XXD</i>	<i>Contact with sword or dagger, subsequent encounter</i>
<i>W26.1XXS</i>	<i>Contact with sword or dagger, sequela</i>
<i>W27..3XXA</i>	<i>Contact with needle (sewing), initial encounter</i>
<i>W27.3XXD</i>	<i>Contact with needle (sewing), subsequent encounter</i>
<i>W27.3XXS</i>	<i>Contact with needle (sewing), sequela</i>
<i>W27.4XXA</i>	<i>Contact with kitchen utensil, initial encounter</i>
<i>W27.4XXD</i>	<i>Contact with kitchen utensil, subsequent encounter</i>
<i>W27.4XXS</i>	<i>Contact with kitchen utensil, sequela</i>
<i>W27.5XXA</i>	<i>Contact with paper-cutter, initial encounter</i>
<i>W27.5XXD</i>	<i>Contact with paper-cutter, subsequent encounter</i>
<i>W27.5XXS</i>	<i>Contact with paper-cutter, sequela</i>
<i>W27.8XXA</i>	<i>Contact with other nonpowered hand tool, initial encounter</i>
<i>W27.8XXD</i>	<i>Contact with other nonpowered hand tool, subsequent encounter</i>
<i>W27.8XXS</i>	<i>Contact with other nonpowered hand tool, sequela</i>
<i>W28.XXXA</i>	<i>Contact with powered lawn mower, initial encounter</i>
<i>W28.XXXD</i>	<i>Contact with powered lawn mower, subsequent encounter</i>
<i>W28.XXXS</i>	<i>Contact with powered lawn mower, sequela</i>
<i>W29..0XXA</i>	<i>Contact with powered kitchen appliance, initial encounter</i>
<i>W29.0XXD</i>	<i>Contact with powered kitchen appliance, subsequent encounter</i>
<i>W29.0XXS</i>	<i>Contact with powered kitchen appliance, sequela</i>
<i>W29.1XXA</i>	<i>Contact with electric knife, initial encounter</i>
<i>W29.1XXD</i>	<i>Contact with electric knife, subsequent encounter</i>
<i>W29.1XXS</i>	<i>Contact with electric knife, sequela</i>
<i>W29.2XXA</i>	<i>Contact with other powered household machinery, initial encounter</i>
<i>W29.2XXD</i>	<i>Contact with other powered household machinery, subsequent encounter</i>
<i>W29.2XXS</i>	<i>Contact with other powered household machinery, sequela</i>
<i>W29.3XXA</i>	<i>Contact with powered garden and outdoor hand tools and machinery, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W29.3XXD</i>	<i>Contact with powered garden and outdoor hand tools and machinery, subsequent encounter</i>
<i>W29.3XXS</i>	<i>Contact with powered garden and outdoor hand tools and machinery, sequela</i>
<i>W29.4XXA</i>	<i>Contact with nail gun, initial encounter</i>
<i>W29.4XXD</i>	<i>Contact with nail gun, subsequent encounter</i>
<i>W29.4XXS</i>	<i>Contact with nail gun, sequela</i>
<i>W29.8XXA</i>	<i>Contact with other powered hand tools and household machinery, initial encounter</i>
<i>W29.8XXD</i>	<i>Contact with other powered hand tools and household machinery, subsequent encounter</i>
<i>W29.8XXS</i>	<i>Contact with other powered hand tools and household machinery, sequela</i>
<i>W30.0XXA</i>	<i>Contact with combine harvester, initial encounter</i>
<i>W30.0XXD</i>	<i>Contact with combine harvester, subsequent encounter</i>
<i>W30.0XXS</i>	<i>Contact with combine harvester, sequela</i>
<i>W30.1XXA</i>	<i>Contact with power take-off devices (PTO), initial encounter</i>
<i>W30.1XXD</i>	<i>Contact with power take-off devices (PTO), subsequent encounter</i>
<i>W30.1XXS</i>	<i>Contact with power take-off devices (PTO), sequela</i>
<i>W30.2XXA</i>	<i>Contact with hay derrick, initial encounter</i>
<i>W30.2XXD</i>	<i>Contact with hay derrick, subsequent encounter</i>
<i>W30.2XXS</i>	<i>Contact with hay derrick, sequela</i>
<i>W30.3XXA</i>	<i>Contact with grain storage elevator, initial encounter</i>
<i>W30.3XXD</i>	<i>Contact with grain storage elevator, subsequent encounter</i>
<i>W30.3XXS</i>	<i>Contact with grain storage elevator, sequela</i>
<i>W31.0XXA</i>	<i>Contact with mining and earth-drilling machinery, initial encounter</i>
<i>W31.0XXD</i>	<i>Contact with mining and earth-drilling machinery, subsequent encounter</i>
<i>W31.0XXS</i>	<i>Contact with mining and earth-drilling machinery, sequela</i>
<i>W31.1XXA</i>	<i>Contact with metalworking machines, initial encounter</i>
<i>W31.1XXD</i>	<i>Contact with metalworking machines, subsequent encounter</i>
<i>W31.1XXS</i>	<i>Contact with metalworking machines, sequela</i>
<i>W31.2XXA</i>	<i>Contact with powered woodworking and forming machines, initial encounter</i>
<i>W31.2XXD</i>	<i>Contact with powered woodworking and forming machines, subsequent encounter</i>
<i>W31.2XXS</i>	<i>Contact with powered woodworking and forming machines, sequela</i>
<i>W32.0XXA</i>	<i>Accidental handgun discharge, initial encounter</i>
<i>W32.0XXD</i>	<i>Accidental handgun discharge, subsequent encounter</i>
<i>W32.0XXS</i>	<i>Accidental handgun discharge, sequela</i>
<i>W32.1XXA</i>	<i>Accidental handgun malfunction, initial encounter</i>
<i>W32.1XXD</i>	<i>Accidental handgun malfunction, subsequent encounter</i>
<i>W32.1XXS</i>	<i>Accidental handgun malfunction, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W33..00XA</i>	<i>Accidental discharge of unspecified larger firearm, initial encounter</i>
<i>W33..00XD</i>	<i>Accidental discharge of unspecified larger firearm, subsequent encounter</i>
<i>W33..00XS</i>	<i>Accidental discharge of unspecified larger firearm, sequela</i>
<i>W33..01XA</i>	<i>Accidental discharge of shotgun, initial encounter</i>
<i>W33.01XD</i>	<i>Accidental discharge of shotgun, subsequent encounter</i>
<i>W33.01XS</i>	<i>Accidental discharge of shotgun, sequela</i>
<i>W33.02XA</i>	<i>Accidental discharge of hunting rifle, initial encounter</i>
<i>W33.02XD</i>	<i>Accidental discharge of hunting rifle, subsequent encounter</i>
<i>W33.02XS</i>	<i>Accidental discharge of hunting rifle, sequela</i>
<i>W33.03XA</i>	<i>Accidental discharge of machine gun, initial encounter</i>
<i>W33.03XD</i>	<i>Accidental discharge of machine gun, subsequent encounter</i>
<i>W33.03XS</i>	<i>Accidental discharge of machine gun, sequela</i>
<i>W33.09XA</i>	<i>Accidental discharge of other larger firearm, initial encounter</i>
<i>W33.09XD</i>	<i>Accidental discharge of other larger firearm, subsequent encounter</i>
<i>W33.09XS</i>	<i>Accidental discharge of other larger firearm, sequela</i>
<i>W33.10XA</i>	<i>Accidental malfunction of unspecified larger firearm, initial encounter</i>
<i>W33.10XD</i>	<i>Accidental malfunction of unspecified larger firearm, subsequent encounter</i>
<i>W33.10XS</i>	<i>Accidental malfunction of unspecified larger firearm, sequela</i>
<i>W33.11XA</i>	<i>Accidental malfunction of shotgun, initial encounter</i>
<i>W33.11XD</i>	<i>Accidental malfunction of shotgun, subsequent encounter</i>
<i>W33.11XS</i>	<i>Accidental malfunction of shotgun, sequela</i>
<i>W33.12XA</i>	<i>Accidental malfunction of hunting rifle, initial encounter</i>
<i>W33.12XD</i>	<i>Accidental malfunction of hunting rifle, subsequent encounter</i>
<i>W33.12XS</i>	<i>Accidental malfunction of hunting rifle, sequela</i>
<i>W33.13XA</i>	<i>Accidental malfunction of machine gun, initial encounter</i>
<i>W33.13XD</i>	<i>Accidental malfunction of machine gun, subsequent encounter</i>
<i>W33.13XS</i>	<i>Accidental malfunction of machine gun, sequela</i>
<i>W33.19XA</i>	<i>Accidental malfunction of other larger firearm, initial encounter</i>
<i>W33.19XD</i>	<i>Accidental malfunction of other larger firearm, subsequent encounter</i>
<i>W33.19XS</i>	<i>Accidental malfunction of other larger firearm, sequela</i>
<i>W34..00XA</i>	<i>Accidental discharge from unspecified firearms or gun, initial encounter</i>
<i>W34.00XD</i>	<i>Accidental discharge from unspecified firearms or gun, subsequent encounter</i>
<i>W34.00XS</i>	<i>Accidental discharge from unspecified firearms or gun, sequela</i>
<i>W34.010A</i>	<i>Accidental discharge of airgun, initial encounter</i>
<i>W34.010D</i>	<i>Accidental discharge of airgun, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W34.010S</i>	<i>Accidental discharge of airgun, sequela</i>
<i>W34.011A</i>	<i>Accidental discharge of paintball gun, initial encounter</i>
<i>W34.011D</i>	<i>Accidental discharge of paintball gun, subsequent encounter</i>
<i>W34.011S</i>	<i>Accidental discharge of paintball gun, sequela</i>
<i>W34.018A</i>	<i>Accidental discharge of other gas, air or spring-operated gun, initial encounter</i>
<i>W34.018D</i>	<i>Accidental discharge of other gas, air or spring-operated gun, subsequent encounter</i>
<i>W34.018S</i>	<i>Accidental discharge of other gas, air or spring-operated gun, sequela</i>
<i>W34.09XA</i>	<i>Accidental discharge from other specified firearms, initial encounter</i>
<i>W34.09XD</i>	<i>Accidental discharge from other specified firearms, subsequent encounter</i>
<i>W34.09XS</i>	<i>Accidental discharge from other specified firearms, sequela</i>
<i>W34.10XA</i>	<i>Accidental malfunction from unspecified firearms or gun, initial encounter</i>
<i>W34.10XD</i>	<i>Accidental malfunction from unspecified firearms or gun, subsequent encounter</i>
<i>W34.10XS</i>	<i>Accidental malfunction from unspecified firearms or gun, sequela</i>
<i>W34.110A</i>	<i>Accidental malfunction of airgun, initial encounter</i>
<i>W34.110D</i>	<i>Accidental malfunction of airgun, subsequent encounter</i>
<i>W34.110S</i>	<i>Accidental malfunction of airgun, sequela</i>
<i>W34.111A</i>	<i>Accidental malfunction of paintball gun, initial encounter</i>
<i>W34.111D</i>	<i>Accidental malfunction of paintball gun, subsequent encounter</i>
<i>W34.111S</i>	<i>Accidental malfunction of paintball gun, sequela</i>
<i>W34.118A</i>	<i>Accidental malfunction of other gas, air or spring-operated gun, initial encounter</i>
<i>W34.118D</i>	<i>Accidental malfunction of other gas, air or spring-operated gun, subsequent encounter</i>
<i>W34.118S</i>	<i>Accidental malfunction of other gas, air or spring-operated gun, sequela</i>
<i>W34.19XA</i>	<i>Accidental malfunction from other specified firearms, initial encounter</i>
<i>W34.19XD</i>	<i>Accidental malfunction from other specified firearms, subsequent encounter</i>
<i>W34.19XS</i>	<i>Accidental malfunction from other specified firearms, sequela</i>
<i>W35.XXXA</i>	<i>Explosion and rupture of boiler, initial encounter</i>
<i>W35.XXXD</i>	<i>Explosion and rupture of boiler, subsequent encounter</i>
<i>W35.XXXS</i>	<i>Explosion and rupture of boiler, sequela</i>
<i>W36.1XXA</i>	<i>Explosion and rupture of aerosol can, initial encounter</i>
<i>W36.1XXD</i>	<i>Explosion and rupture of aerosol can, subsequent encounter</i>
<i>W36.1XXS</i>	<i>Explosion and rupture of aerosol can, sequela</i>
<i>W36.2XXA</i>	<i>Explosion and rupture of air tank, initial encounter</i>
<i>W36.2XXD</i>	<i>Explosion and rupture of air tank, subsequent encounter</i>
<i>W36.2XXS</i>	<i>Explosion and rupture of air tank, sequela</i>
<i>W36.3XXA</i>	<i>Explosion and rupture of pressurized-gas tank, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>W36.3XXD</i>	<i>Explosion and rupture of pressurized-gas tank, subsequent encounter</i>
<i>W36.3XXS</i>	<i>Explosion and rupture of pressurized-gas tank, sequela</i>
<i>W36.8XXA</i>	<i>Explosion and rupture of other gas cylinder, initial encounter</i>
<i>W36.8XXD</i>	<i>Explosion and rupture of other gas cylinder, subsequent encounter</i>
<i>W36.8XXS</i>	<i>Explosion and rupture of other gas cylinder, sequela</i>
<i>W36.9XXA</i>	<i>Explosion and rupture of unspecified gas cylinder, initial encounter</i>
<i>W36.9XXD</i>	<i>Explosion and rupture of unspecified gas cylinder, subsequent encounter</i>
<i>W36.9XXS</i>	<i>Explosion and rupture of unspecified gas cylinder, sequela</i>
<i>W37.0XXA</i>	<i>Explosion of bicycle tire, initial encounter</i>
<i>W37.0XXD</i>	<i>Explosion of bicycle tire, subsequent encounter</i>
<i>W37.0XXS</i>	<i>Explosion of bicycle tire, sequela</i>
<i>W37.8XXA</i>	<i>Explosion and rupture of other pressurized tire, pipe or hose, initial encounter</i>
<i>W37.8XXD</i>	<i>Explosion and rupture of other pressurized tire, pipe or hose, subsequent encounter</i>
<i>W37.8XXS</i>	<i>Explosion and rupture of other pressurized tire, pipe or hose, sequela</i>
<i>W38.XXXA</i>	<i>Explosion and rupture of other specified pressurized devices, initial encounter</i>
<i>W38.XXXD</i>	<i>Explosion and rupture of other specified pressurized devices, subsequent encounter</i>
<i>W38.XXXS</i>	<i>Explosion and rupture of other specified pressurized devices, sequela</i>
<i>W39.XXXA</i>	<i>Discharge of firework, initial encounter</i>
<i>W39.XXXD</i>	<i>Discharge of firework, subsequent encounter</i>
<i>W39.XXXS</i>	<i>Discharge of firework, sequela</i>
<i>W40.0XXA</i>	<i>Explosion of blasting material, initial encounter</i>
<i>W40.0XXD</i>	<i>Explosion of blasting material, subsequent encounter</i>
<i>W40.0XXS</i>	<i>Explosion of blasting material, sequela</i>
<i>W40.1XXA</i>	<i>Explosion of explosive gases, initial encounter</i>
<i>W40.1XXD</i>	<i>Explosion of explosive gases, subsequent encounter</i>
<i>W40.1XXS</i>	<i>Explosion of explosive gases, sequela</i>
<i>W40.8XXA</i>	<i>Explosion of other specified explosive materials, initial encounter</i>
<i>W40.8XXD</i>	<i>Explosion of other specified explosive materials, subsequent encounter</i>
<i>W40.8XXS</i>	<i>Explosion of other specified explosive materials, sequela</i>
<i>W40.9XXA</i>	<i>Explosion of unspecified explosive materials, initial encounter</i>
<i>W40.9XXD</i>	<i>Explosion of unspecified explosive materials, subsequent encounter</i>
<i>W40.9XXS</i>	<i>Explosion of unspecified explosive materials, sequela</i>
<i>W42.0XXA</i>	<i>Exposure to supersonic waves, initial encounter</i>
<i>W42.0XXD</i>	<i>Exposure to supersonic waves, subsequent encounter</i>
<i>W42.0XXS</i>	<i>Exposure to supersonic waves, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W42.9XXA</i>	<i>Exposure to other noise, initial encounter</i>
<i>W42.9XXD</i>	<i>Exposure to other noise, subsequent encounter</i>
<i>W42.9XXS</i>	<i>Exposure to other noise, sequela</i>
<i>W45.0XXA</i>	<i>Nail entering through skin, initial encounter</i>
<i>W45.0XXD</i>	<i>Nail entering through skin, subsequent encounter</i>
<i>W45.0XXS</i>	<i>Nail entering through skin, sequela</i>
<i>W45.1XXA</i>	<i>Paper entering through skin, initial encounter</i>
<i>W45.1XXD</i>	<i>Paper entering through skin, subsequent encounter</i>
<i>W45.1XXS</i>	<i>Paper entering through skin, sequela</i>
<i>W45.2XXA</i>	<i>Lid of can entering through skin, initial encounter</i>
<i>W45.2XXD</i>	<i>Lid of can entering through skin, subsequent encounter</i>
<i>W45.2XXS</i>	<i>Lid of can entering through skin, sequela</i>
<i>W45.8XXA</i>	<i>Other foreign body or object entering through skin, initial encounter</i>
<i>W45.8XXD</i>	<i>Other foreign body or object entering through skin, subsequent encounter</i>
<i>W45.8XXS</i>	<i>Other foreign body or object entering through skin, sequela</i>
<i>W46.0XXA</i>	<i>Contact with hypodermic needle, initial encounter</i>
<i>W46.0XXD</i>	<i>Contact with hypodermic needle, subsequent encounter</i>
<i>W46.0XXS</i>	<i>Contact with hypodermic needle, sequela</i>
<i>W46.1XXA</i>	<i>Contact with contaminated hypodermic needle, initial encounter</i>
<i>W46.1XXD</i>	<i>Contact with contaminated hypodermic needle, subsequent encounter</i>
<i>W46.1XXS</i>	<i>Contact with contaminated hypodermic needle, sequela</i>
<i>W49.01XA</i>	<i>Hair causing external constriction, initial encounter</i>
<i>W49.01XD</i>	<i>Hair causing external constriction, subsequent encounter</i>
<i>W49.01XS</i>	<i>Hair causing external constriction, sequela</i>
<i>W49.02XA</i>	<i>String or thread causing external constriction, initial encounter</i>
<i>W49.02XD</i>	<i>String or thread causing external constriction, subsequent encounter</i>
<i>W49.02XS</i>	<i>String or thread causing external constriction, sequela</i>
<i>W49.03XA</i>	<i>Rubber band causing external constriction, initial encounter</i>
<i>W49.03XD</i>	<i>Rubber band causing external constriction, subsequent encounter</i>
<i>W49.03XS</i>	<i>Rubber band causing external constriction, sequela</i>
<i>W49.04XA</i>	<i>Ring or other jewelry causing external constriction, initial encounter</i>
<i>W49.04XD</i>	<i>Ring or other jewelry causing external constriction, subsequent encounter</i>
<i>W49.04XS</i>	<i>Ring or other jewelry causing external constriction, sequela</i>
<i>W49.09XA</i>	<i>Other specified item causing external constriction, initial encounter</i>
<i>W49.09XD</i>	<i>Other specified item causing external constriction, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W49.09XS</i>	<i>Other specified item causing external constriction, sequela</i>
<i>W49.9XXA</i>	<i>Exposure to other inanimate mechanical forces, initial encounter</i>
<i>W49.9XXD</i>	<i>Exposure to other inanimate mechanical forces, subsequent encounter</i>
<i>W49.9XXS</i>	<i>Exposure to other inanimate mechanical forces, sequela</i>
<i>W50..0XXA</i>	<i>Accidental hit or strike by another person, initial encounter</i>
<i>W50.0XXD</i>	<i>Accidental hit or strike by another person, subsequent encounter</i>
<i>W50.0XXS</i>	<i>Accidental hit or strike by another person, sequela</i>
<i>W50.1XXA</i>	<i>Accidental kick by another person, initial encounter</i>
<i>W50.1XXD</i>	<i>Accidental kick by another person, subsequent encounter</i>
<i>W50.1XXS</i>	<i>Accidental kick by another person, sequela</i>
<i>W50.2XXA</i>	<i>Accidental twist by another person, initial encounter</i>
<i>W50.2XXD</i>	<i>Accidental twist by another person, subsequent encounter</i>
<i>W50.2XXS</i>	<i>Accidental twist by another person, sequela</i>
<i>W50.3XXA</i>	<i>Accidental bite by another person, initial encounter</i>
<i>W50.3XXD</i>	<i>Accidental bite by another person, subsequent encounter</i>
<i>W50.3XXS</i>	<i>Accidental bite by another person, sequela</i>
<i>W50.4XXA</i>	<i>Accidental scratch by another person, initial encounter</i>
<i>W50.4XXD</i>	<i>Accidental scratch by another person, subsequent encounter</i>
<i>W50.4XXS</i>	<i>Accidental scratch by another person, sequela</i>
<i>W51.XXXA</i>	<i>Accidental striking against or bumped into by another person, initial encounter</i>
<i>W51.XXXD</i>	<i>Accidental striking against or bumped into by another person, subsequent encounter</i>
<i>W51.XXXS</i>	<i>Accidental striking against or bumped into by another person, sequela</i>
<i>W52.XXXA</i>	<i>Crushed, pushed or stepped on by crowd or human stampede, initial encounter</i>
<i>W52.XXXD</i>	<i>Crushed, pushed or stepped on by crowd or human stampede, subsequent encounter</i>
<i>W52.XXXS</i>	<i>Crushed, pushed or stepped on by crowd or human stampede, sequela</i>
<i>W53..01XA</i>	<i>Bitten by mouse, initial encounter</i>
<i>W53..01XD</i>	<i>Bitten by mouse, subsequent encounter</i>
<i>W53..01XS</i>	<i>Bitten by mouse, sequela</i>
<i>W53..09XA</i>	<i>Other contact with mouse, initial encounter</i>
<i>W53.09XD</i>	<i>Other contact with mouse, subsequent encounter</i>
<i>W53.09XS</i>	<i>Other contact with mouse, sequela</i>
<i>W53.11XA</i>	<i>Bitten by rat, initial encounter</i>
<i>W53.11XD</i>	<i>Bitten by rat, subsequent encounter</i>
<i>W53.11XS</i>	<i>Bitten by rat, sequela</i>
<i>W53.19XA</i>	<i>Other contact with rat, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W53.19XD</i>	<i>Other contact with rat, subsequent encounter</i>
<i>W53.19XS</i>	<i>Other contact with rat, sequela</i>
<i>W53.21XA</i>	<i>Bitten by squirrel, initial encounter</i>
<i>W53.21XD</i>	<i>Bitten by squirrel, subsequent encounter</i>
<i>W53.21XS</i>	<i>Bitten by squirrel, sequela</i>
<i>W53.29XA</i>	<i>Other contact with squirrel, initial encounter</i>
<i>W53.29XD</i>	<i>Other contact with squirrel, subsequent encounter</i>
<i>W53.29XS</i>	<i>Other contact with squirrel, sequela</i>
<i>W53.81XA</i>	<i>Bitten by other rodent, initial encounter</i>
<i>W53.81XD</i>	<i>Bitten by other rodent, subsequent encounter</i>
<i>W53.81XS</i>	<i>Bitten by other rodent, sequela</i>
<i>W53.89XA</i>	<i>Other contact with other rodent, initial encounter</i>
<i>W53.89XD</i>	<i>Other contact with other rodent, subsequent encounter</i>
<i>W53.89XS</i>	<i>Other contact with other rodent, sequela</i>
<i>W54.0XXA</i>	<i>Bitten by dog, initial encounter</i>
<i>W54.0XXD</i>	<i>Bitten by dog, subsequent encounter</i>
<i>W54.0XXS</i>	<i>Bitten by dog, sequela</i>
<i>W55.01XA</i>	<i>Bitten by cat, initial encounter</i>
<i>W55.01XD</i>	<i>Bitten by cat, subsequent encounter</i>
<i>W55.01XS</i>	<i>Bitten by cat, sequela</i>
<i>W55.03XA</i>	<i>Scratched by cat, initial encounter</i>
<i>W55.03XD</i>	<i>Scratched by cat, subsequent encounter</i>
<i>W55.03XS</i>	<i>Scratched by cat, sequela</i>
<i>W55.11XA</i>	<i>Bitten by horse, initial encounter</i>
<i>W55.11XD</i>	<i>Bitten by horse, subsequent encounter</i>
<i>W55.11XS</i>	<i>Bitten by horse, sequela</i>
<i>W55.21XA</i>	<i>Bitten by cow, initial encounter</i>
<i>W55.21XD</i>	<i>Bitten by cow, subsequent encounter</i>
<i>W55.21XS</i>	<i>Bitten by cow, sequela</i>
<i>W55.31XA</i>	<i>Bitten by other hoof stock, initial encounter</i>
<i>W55.31XD</i>	<i>Bitten by other hoof stock, subsequent encounter</i>
<i>W55.31XS</i>	<i>Bitten by other hoof stock, sequela</i>
<i>W55.41XA</i>	<i>Bitten by pig, initial encounter</i>
<i>W55.41XD</i>	<i>Bitten by pig, subsequent encounter</i>
<i>W55.41XS</i>	<i>Bitten by pig, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W55.51XA</i>	<i>Bitten by raccoon, initial encounter</i>
<i>W55.51XD</i>	<i>Bitten by raccoon, subsequent encounter</i>
<i>W55.51XS</i>	<i>Bitten by raccoon, sequela</i>
<i>W55.81XA</i>	<i>Bitten by other mammals, initial encounter</i>
<i>W55.81XD</i>	<i>Bitten by other mammals, subsequent encounter</i>
<i>W55.81XS</i>	<i>Bitten by other mammals, sequela</i>
<i>W56.01XA</i>	<i>Bitten by dolphin, initial encounter</i>
<i>W56.01XD</i>	<i>Bitten by dolphin, subsequent encounter</i>
<i>W56.01XS</i>	<i>Bitten by dolphin, sequela</i>
<i>W56.11XA</i>	<i>Bitten by sea lion, initial encounter</i>
<i>W56.11XD</i>	<i>Bitten by sea lion, subsequent encounter</i>
<i>W56.11XS</i>	<i>Bitten by sea lion, sequela</i>
<i>W56.21XA</i>	<i>Bitten by orca, initial encounter</i>
<i>W56.21XD</i>	<i>Bitten by orca, subsequent encounter</i>
<i>W56.21XS</i>	<i>Bitten by orca, sequela</i>
<i>W56.31XA</i>	<i>Bitten by other marine mammals, initial encounter</i>
<i>W56.31XD</i>	<i>Bitten by other marine mammals, subsequent encounter</i>
<i>W56.31XS</i>	<i>Bitten by other marine mammals, sequela</i>
<i>W56.41XA</i>	<i>Bitten by shark, initial encounter</i>
<i>W56.41XD</i>	<i>Bitten by shark, subsequent encounter</i>
<i>W56.41XS</i>	<i>Bitten by shark, sequela</i>
<i>W56.51XA</i>	<i>Bitten by other fish, initial encounter</i>
<i>W56.51XD</i>	<i>Bitten by other fish, subsequent encounter</i>
<i>W56.51XS</i>	<i>Bitten by other fish, sequela</i>
<i>W56.81XA</i>	<i>Bitten by other nonvenomous marine animals, initial encounter</i>
<i>W56.81XD</i>	<i>Bitten by other nonvenomous marine animals, subsequent encounter</i>
<i>W56.81XS</i>	<i>Bitten by other nonvenomous marine animals, sequela</i>
<i>W57.XXXA</i>	<i>Bitten or stung by nonvenomous insect and other nonvenomous arthropods, initial encounter</i>
<i>W57.XXXD</i>	<i>Bitten or stung by nonvenomous insect and other nonvenomous arthropods, subsequent encounter</i>
<i>W57.XXXS</i>	<i>Bitten or stung by nonvenomous insect and other nonvenomous arthropods, sequela</i>
<i>W58.01XA</i>	<i>Bitten by alligator, initial encounter</i>
<i>W58.01XD</i>	<i>Bitten by alligator, subsequent encounter</i>
<i>W58.01XS</i>	<i>Bitten by alligator, sequela</i>
<i>W58.11XA</i>	<i>Bitten by crocodile, initial encounter</i>
<i>W58.11XD</i>	<i>Bitten by crocodile, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>W58.11XS</i>	<i>Bitten by crocodile, sequela</i>
<i>W58.12XA</i>	<i>Struck by crocodile, initial encounter</i>
<i>W58.12XD</i>	<i>Struck by crocodile, subsequent encounter</i>
<i>W58.12XS</i>	<i>Struck by crocodile, sequela</i>
<i>W59.01XA</i>	<i>Bitten by nonvenomous lizards, initial encounter</i>
<i>W59.01XD</i>	<i>Bitten by nonvenomous lizards, subsequent encounter</i>
<i>W59.01XS</i>	<i>Bitten by nonvenomous lizards, sequela</i>
<i>W59.02XA</i>	<i>Struck by nonvenomous lizards, initial encounter</i>
<i>W59.02XD</i>	<i>Struck by nonvenomous lizards, subsequent encounter</i>
<i>W59.02XS</i>	<i>Struck by nonvenomous lizards, sequela</i>
<i>W59.09XA</i>	<i>Other contact with nonvenomous lizards, initial encounter</i>
<i>W59.09XD</i>	<i>Other contact with nonvenomous lizards, subsequent encounter</i>
<i>W59.09XS</i>	<i>Other contact with nonvenomous lizards, sequela</i>
<i>W59.11XA</i>	<i>Bitten by nonvenomous snake, initial encounter</i>
<i>W59.11XD</i>	<i>Bitten by nonvenomous snake, subsequent encounter</i>
<i>W59.11XS</i>	<i>Bitten by nonvenomous snake, sequela</i>
<i>W59.21XA</i>	<i>Bitten by turtle, initial encounter</i>
<i>W59.21XD</i>	<i>Bitten by turtle, subsequent encounter</i>
<i>W59.21XS</i>	<i>Bitten by turtle, sequela</i>
<i>W59.81XA</i>	<i>Bitten by other nonvenomous reptiles, initial encounter</i>
<i>W59.81XD</i>	<i>Bitten by other nonvenomous reptiles, subsequent encounter</i>
<i>W59.81XS</i>	<i>Bitten by other nonvenomous reptiles, sequela</i>
<i>W61.01XA</i>	<i>Bitten by parrot, initial encounter</i>
<i>W61.01XD</i>	<i>Bitten by parrot, subsequent encounter</i>
<i>W61.01XS</i>	<i>Bitten by parrot, sequela</i>
<i>W61.11XA</i>	<i>Bitten by macaw, initial encounter</i>
<i>W61.11XD</i>	<i>Bitten by macaw, subsequent encounter</i>
<i>W61.11XS</i>	<i>Bitten by macaw, sequela</i>
<i>W61.21XA</i>	<i>Bitten by other psittacines, initial encounter</i>
<i>W61.21XD</i>	<i>Bitten by other psittacines, subsequent encounter</i>
<i>W61.21XS</i>	<i>Bitten by other psittacines, sequela</i>
<i>W61.51XA</i>	<i>Bitten by goose, initial encounter</i>
<i>W61.51XD</i>	<i>Bitten by goose, subsequent encounter</i>
<i>W61.51XS</i>	<i>Bitten by goose, sequela</i>
<i>W61.61XA</i>	<i>Bitten by duck, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W61.61XD</i>	<i>Bitten by duck, subsequent encounter</i>
<i>W61.61XS</i>	<i>Bitten by duck, sequela</i>
<i>W61.91XA</i>	<i>Bitten by other birds, initial encounter</i>
<i>W61.91XD</i>	<i>Bitten by other birds, subsequent encounter</i>
<i>W61.91XS</i>	<i>Bitten by other birds, sequela</i>
<i>W64.XXXA</i>	<i>Exposure to other animate mechanical forces, initial encounter</i>
<i>W64.XXXD</i>	<i>Exposure to other animate mechanical forces, subsequent encounter</i>
<i>W64.XXXS</i>	<i>Exposure to other animate mechanical forces, sequela</i>
<i>W65.XXXA</i>	<i>Accidental drowning and submersion while in bath-tub, initial encounter</i>
<i>W65.XXXD</i>	<i>Accidental drowning and submersion while in bath-tub, subsequent encounter</i>
<i>W65.XXXS</i>	<i>Accidental drowning and submersion while in bath-tub, sequela</i>
<i>W67.XXXA</i>	<i>Accidental drowning and submersion while in swimming-pool, initial encounter</i>
<i>W67.XXXD</i>	<i>Accidental drowning and submersion while in swimming-pool, subsequent encounter</i>
<i>W67.XXXS</i>	<i>Accidental drowning and submersion while in swimming-pool, sequela</i>
<i>W69.XXXA</i>	<i>Accidental drowning and submersion while in natural water, initial encounter</i>
<i>W69.XXXD</i>	<i>Accidental drowning and submersion while in natural water, subsequent encounter</i>
<i>W69.XXXS</i>	<i>Accidental drowning and submersion while in natural water, sequela</i>
<i>W73.XXXA</i>	<i>Other specified cause of accidental non-transport drowning and submersion, initial encounter</i>
<i>W73.XXXD</i>	<i>Other specified cause of accidental non-transport drowning and submersion, subsequent encounter</i>
<i>W73.XXXS</i>	<i>Other specified cause of accidental non-transport drowning and submersion, sequela</i>
<i>W74.XXXA</i>	<i>Unspecified cause of accidental drowning and submersion, initial encounter</i>
<i>W74.XXXD</i>	<i>Unspecified cause of accidental drowning and submersion, subsequent encounter</i>
<i>W74.XXXS</i>	<i>Unspecified cause of accidental drowning and submersion, sequela</i>
<i>W88.0XXA</i>	<i>Exposure to X-rays, initial encounter</i>
<i>W88.0XXD</i>	<i>Exposure to X-rays, subsequent encounter</i>
<i>W88.0XXS</i>	<i>Exposure to X-rays, sequela</i>
<i>W88.1XXA</i>	<i>Exposure to radioactive isotopes, initial encounter</i>
<i>W88.1XXD</i>	<i>Exposure to radioactive isotopes, subsequent encounter</i>
<i>W88.1XXS</i>	<i>Exposure to radioactive isotopes, sequela</i>
<i>W88.8XXA</i>	<i>Exposure to other ionizing radiation, initial encounter</i>
<i>W88.8XXD</i>	<i>Exposure to other ionizing radiation, subsequent encounter</i>
<i>W88.8XXS</i>	<i>Exposure to other ionizing radiation, sequela</i>
<i>W89.0XXA</i>	<i>Exposure to welding light (arc), initial encounter</i>
<i>W89.0XXD</i>	<i>Exposure to welding light (arc), subsequent encounter</i>
<i>W89.0XXS</i>	<i>Exposure to welding light (arc), sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>W89.1XXA</i>	<i>Exposure to tanning bed, initial encounter</i>
<i>W89.1XXD</i>	<i>Exposure to tanning bed, subsequent encounter</i>
<i>W89.1XXS</i>	<i>Exposure to tanning bed, sequela</i>
<i>W89.8XXA</i>	<i>Exposure to other man-made visible and ultraviolet light, initial encounter</i>
<i>W89.8XXD</i>	<i>Exposure to other man-made visible and ultraviolet light, subsequent encounter</i>
<i>W89.8XXS</i>	<i>Exposure to other man-made visible and ultraviolet light, sequela</i>
<i>W89.9XXA</i>	<i>Exposure to unspecified man-made visible and ultraviolet light, initial encounter</i>
<i>W89.9XXD</i>	<i>Exposure to unspecified man-made visible and ultraviolet light, subsequent encounter</i>
<i>W89.9XXS</i>	<i>Exposure to unspecified man-made visible and ultraviolet light, sequela</i>
<i>W90.0XXA</i>	<i>Exposure to radiofrequency, initial encounter</i>
<i>W90.0XXD</i>	<i>Exposure to radiofrequency, subsequent encounter</i>
<i>W90.0XXS</i>	<i>Exposure to radiofrequency, sequela</i>
<i>W90.1XXA</i>	<i>Exposure to infrared radiation, initial encounter</i>
<i>W90.1XXD</i>	<i>Exposure to infrared radiation, subsequent encounter</i>
<i>W90.1XXS</i>	<i>Exposure to infrared radiation, sequela</i>
<i>W90.2XXA</i>	<i>Exposure to laser radiation, initial encounter</i>
<i>W90.2XXD</i>	<i>Exposure to laser radiation, subsequent encounter</i>
<i>W90.2XXS</i>	<i>Exposure to laser radiation, sequela</i>
<i>W90.8XXA</i>	<i>Exposure to other nonionizing radiation, initial encounter</i>
<i>W90.8XXD</i>	<i>Exposure to other nonionizing radiation, subsequent encounter</i>
<i>W90.8XXS</i>	<i>Exposure to other nonionizing radiation, sequela</i>
<i>W93.2XXA</i>	<i>Prolonged exposure in deep freeze unit or refrigerator, initial encounter</i>
<i>W93.2XXD</i>	<i>Prolonged exposure in deep freeze unit or refrigerator, subsequent encounter</i>
<i>W93.2XXS</i>	<i>Prolonged exposure in deep freeze unit or refrigerator, sequela</i>
<i>W93.8XXA</i>	<i>Exposure to other excessive cold of man-made origin, initial encounter</i>
<i>W93.8XXD</i>	<i>Exposure to other excessive cold of man-made origin, subsequent encounter</i>
<i>W93.8XXS</i>	<i>Exposure to other excessive cold of man-made origin, sequela</i>
<i>W94.0XXA</i>	<i>Exposure to prolonged high air pressure, initial encounter</i>
<i>W94.0XXD</i>	<i>Exposure to prolonged high air pressure, subsequent encounter</i>
<i>W94.0XXS</i>	<i>Exposure to prolonged high air pressure, sequela</i>
<i>W94.11XA</i>	<i>Exposure to residence or prolonged visit at high altitude, initial encounter</i>
<i>W94.11XD</i>	<i>Exposure to residence or prolonged visit at high altitude, subsequent encounter</i>
<i>W94.11XS</i>	<i>Exposure to residence or prolonged visit at high altitude, sequela</i>
<i>W94.12XA</i>	<i>Exposure to other prolonged low air pressure, initial encounter</i>
<i>W94.12XD</i>	<i>Exposure to other prolonged low air pressure, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>W94.12XS</i>	<i>Exposure to other prolonged low air pressure, sequela</i>
<i>W94.21XA</i>	<i>Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, initial encounter</i>
<i>W94.21XD</i>	<i>Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, subsequent encounter</i>
<i>W94.21XS</i>	<i>Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, sequela</i>
<i>W94.22XA</i>	<i>Exposure to reduction in atmospheric pressure while surfacing from underground, initial encounter</i>
<i>W94.22XD</i>	<i>Exposure to reduction in atmospheric pressure while surfacing from underground, subsequent encounter</i>
<i>W94.22XS</i>	<i>Exposure to reduction in atmospheric pressure while surfacing from underground, sequela</i>
<i>W94.23XA</i>	<i>Exposure to sudden change in air pressure in aircraft during ascent, initial encounter</i>
<i>W94.23XD</i>	<i>Exposure to sudden change in air pressure in aircraft during ascent, subsequent encounter</i>
<i>W94.23XS</i>	<i>Exposure to sudden change in air pressure in aircraft during ascent, sequela</i>
<i>W94.29XA</i>	<i>Exposure to other rapid changes in air pressure during ascent, initial encounter</i>
<i>W94.29XD</i>	<i>Exposure to other rapid changes in air pressure during ascent, subsequent encounter</i>
<i>W94.29XS</i>	<i>Exposure to other rapid changes in air pressure during ascent, sequela</i>
<i>W94.31XA</i>	<i>Exposure to sudden change in air pressure in aircraft during ascent or descent, initial encounter</i>
<i>W94.31XD</i>	<i>Exposure to sudden change in air pressure in aircraft during ascent or descent, subsequent encounter</i>
<i>W94.31XS</i>	<i>Exposure to sudden change in air pressure in aircraft during ascent or descent, sequela</i>
<i>W94.32XA</i>	<i>Exposure to high air pressure from rapid descent in water, initial encounter</i>
<i>W94.32XD</i>	<i>Exposure to high air pressure from rapid descent in water, subsequent encounter</i>
<i>W94.32XS</i>	<i>Exposure to high air pressure from rapid descent in water, sequela</i>
<i>W94.39XA</i>	<i>Exposure to other rapid changes in air pressure during descent, initial encounter</i>
<i>W94.39XD</i>	<i>Exposure to other rapid changes in air pressure during descent, subsequent encounter</i>
<i>W94.39XS</i>	<i>Exposure to other rapid changes in air pressure during descent, sequela</i>
<i>X08.00XA</i>	<i>Exposure to bed fire due to unspecified burning material, initial encounter</i>
<i>X08.00XD</i>	<i>Exposure to bed fire due to unspecified burning material, subsequent encounter</i>
<i>X08.00XS</i>	<i>Exposure to bed fire due to unspecified burning material, sequela</i>
<i>X08.01XA</i>	<i>Exposure to bed fire due to burning cigarette, initial encounter</i>
<i>X08.01XD</i>	<i>Exposure to bed fire due to burning cigarette, subsequent encounter</i>
<i>X08.01XS</i>	<i>Exposure to bed fire due to burning cigarette, sequela</i>
<i>X08.11XA</i>	<i>Exposure to sofa fire due to burning cigarette, initial encounter</i>
<i>X08.11XD</i>	<i>Exposure to sofa fire due to burning cigarette, subsequent encounter</i>
<i>X08.11XS</i>	<i>Exposure to sofa fire due to burning cigarette, sequela</i>
<i>X08.21XA</i>	<i>Exposure to other furniture fire due to burning cigarette, initial encounter</i>
<i>X08.21XD</i>	<i>Exposure to other furniture fire due to burning cigarette, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>X08.21XS</i>	<i>Exposure to other furniture fire due to burning cigarette, sequela</i>
<i>X15.0XXA</i>	<i>Contact with hot stove (kitchen), initial encounter</i>
<i>X15.0XXD</i>	<i>Contact with hot stove (kitchen), subsequent encounter</i>
<i>X15.0XXS</i>	<i>Contact with hot stove (kitchen), sequela</i>
<i>X15.1XXA</i>	<i>Contact with hot toaster, initial encounter</i>
<i>X15.1XXD</i>	<i>Contact with hot toaster, subsequent encounter</i>
<i>X15.1XXS</i>	<i>Contact with hot toaster, sequela</i>
<i>X71..0XXA</i>	<i>Intentional self-harm by drowning and submersion while in bathtub, initial encounter</i>
<i>X71.0XXD</i>	<i>Intentional self-harm by drowning and submersion while in bathtub, subsequent encounter</i>
<i>X71.0XXS</i>	<i>Intentional self-harm by drowning and submersion while in bathtub, sequela</i>
<i>X71.1XXA</i>	<i>Intentional self-harm by drowning and submersion while in swimming pool, initial encounter</i>
<i>X71.1XXD</i>	<i>Intentional self-harm by drowning and submersion while in swimming pool, subsequent encounter</i>
<i>X71.1XXS</i>	<i>Intentional self-harm by drowning and submersion while in swimming pool, sequela</i>
<i>X71.2XXA</i>	<i>Intentional self-harm by drowning and submersion after jump into swimming pool, initial encounter</i>
<i>X71.2XXD</i>	<i>Intentional self-harm by drowning and submersion after jump into swimming pool, subsequent encounter</i>
<i>X71.2XXS</i>	<i>Intentional self-harm by drowning and submersion after jump into swimming pool, sequela</i>
<i>X71.3XXA</i>	<i>Intentional self-harm by drowning and submersion in natural water, initial encounter</i>
<i>X71.3XXD</i>	<i>Intentional self-harm by drowning and submersion in natural water, subsequent encounter</i>
<i>X71.3XXS</i>	<i>Intentional self-harm by drowning and submersion in natural water, sequela</i>
<i>X71.8XXA</i>	<i>Other intentional self-harm by drowning and submersion, initial encounter</i>
<i>X71.8XXD</i>	<i>Other intentional self-harm by drowning and submersion, subsequent encounter</i>
<i>X71.8XXS</i>	<i>Other intentional self-harm by drowning and submersion, sequela</i>
<i>X71.9XXA</i>	<i>Intentional self-harm by drowning and submersion, unspecified, initial encounter</i>
<i>X71.9XXD</i>	<i>Intentional self-harm by drowning and submersion, unspecified, subsequent encounter</i>
<i>X71.9XXS</i>	<i>Intentional self-harm by drowning and submersion, unspecified, sequela</i>
<i>X72.XXXA</i>	<i>Intentional self-harm by handgun discharge, initial encounter</i>
<i>X72.XXXD</i>	<i>Intentional self-harm by handgun discharge, subsequent encounter</i>
<i>X72.XXXS</i>	<i>Intentional self-harm by handgun discharge, sequela</i>
<i>X73.0XXA</i>	<i>Intentional self-harm by shotgun discharge, initial encounter</i>
<i>X73.0XXD</i>	<i>Intentional self-harm by shotgun discharge, subsequent encounter</i>
<i>X73.0XXS</i>	<i>Intentional self-harm by shotgun discharge, sequela</i>
<i>X73.1XXA</i>	<i>Intentional self-harm by hunting rifle discharge, initial encounter</i>
<i>X73.1XXD</i>	<i>Intentional self-harm by hunting rifle discharge, subsequent encounter</i>
<i>X73.1XXS</i>	<i>Intentional self-harm by hunting rifle discharge, sequela</i>
<i>X73.2XXA</i>	<i>Intentional self-harm by machine gun discharge, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>X73.2XXD</i>	<i>Intentional self-harm by machine gun discharge, subsequent encounter</i>
<i>X73.2XXS</i>	<i>Intentional self-harm by machine gun discharge, sequela</i>
<i>X73.8XXA</i>	<i>Intentional self-harm by other larger firearm discharge, initial encounter</i>
<i>X73.8XXD</i>	<i>Intentional self-harm by other larger firearm discharge, subsequent encounter</i>
<i>X73.8XXS</i>	<i>Intentional self-harm by other larger firearm discharge, sequela</i>
<i>X73.9XXA</i>	<i>Intentional self-harm by unspecified larger firearm discharge, initial encounter</i>
<i>X73.9XXD</i>	<i>Intentional self-harm by unspecified larger firearm discharge, subsequent encounter</i>
<i>X73.9XXS</i>	<i>Intentional self-harm by unspecified larger firearm discharge, sequela</i>
<i>X74.01XA</i>	<i>Intentional self-harm by airgun, initial encounter</i>
<i>X74.01XD</i>	<i>Intentional self-harm by airgun, subsequent encounter</i>
<i>X74.01XS</i>	<i>Intentional self-harm by airgun, sequela</i>
<i>X74.02XA</i>	<i>Intentional self-harm by paintball gun, initial encounter</i>
<i>X74.02XD</i>	<i>Intentional self-harm by paintball gun, subsequent encounter</i>
<i>X74.02XS</i>	<i>Intentional self-harm by paintball gun, sequela</i>
<i>X74.09XA</i>	<i>Intentional self-harm by other gas, air or spring-operated gun, initial encounter</i>
<i>X74.09XD</i>	<i>Intentional self-harm by other gas, air or spring-operated gun, subsequent encounter</i>
<i>X74.09XS</i>	<i>Intentional self-harm by other gas, air or spring-operated gun, sequela</i>
<i>X74.8XXA</i>	<i>Intentional self-harm by other firearm discharge, initial encounter</i>
<i>X74.8XXD</i>	<i>Intentional self-harm by other firearm discharge, subsequent encounter</i>
<i>X74.8XXS</i>	<i>Intentional self-harm by other firearm discharge, sequela</i>
<i>X74.9XXA</i>	<i>Intentional self-harm by unspecified firearm discharge, initial encounter</i>
<i>X74.9XXD</i>	<i>Intentional self-harm by unspecified firearm discharge, subsequent encounter</i>
<i>X74.9XXS</i>	<i>Intentional self-harm by unspecified firearm discharge, sequela</i>
<i>X75.XXXA</i>	<i>Intentional self-harm by explosive material, initial encounter</i>
<i>X75.XXXD</i>	<i>Intentional self-harm by explosive material, subsequent encounter</i>
<i>X75.XXXS</i>	<i>Intentional self-harm by explosive material, sequela</i>
<i>X76.XXXA</i>	<i>Intentional self-harm by smoke, fire and flames, initial encounter</i>
<i>X76.XXXD</i>	<i>Intentional self-harm by smoke, fire and flames, subsequent encounter</i>
<i>X76.XXXS</i>	<i>Intentional self-harm by smoke, fire and flames, sequela</i>
<i>X77.0XXA</i>	<i>Intentional self-harm by steam or hot vapors, initial encounter</i>
<i>X77.0XXD</i>	<i>Intentional self-harm by steam or hot vapors, subsequent encounter</i>
<i>X77.0XXS</i>	<i>Intentional self-harm by steam or hot vapors, sequela</i>
<i>X771XXA</i>	<i>Intentional self-harm by hot tap water, initial encounter</i>
<i>X771XXD</i>	<i>Intentional self-harm by hot tap water, subsequent encounter</i>
<i>X771XXS</i>	<i>Intentional self-harm by hot tap water, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>X77.2XXA</i>	<i>Intentional self-harm by other hot fluids, initial encounter</i>
<i>X77.2XXD</i>	<i>Intentional self-harm by other hot fluids, subsequent encounter</i>
<i>X77.2XXS</i>	<i>Intentional self-harm by other hot fluids, sequela</i>
<i>X77.3XXA</i>	<i>Intentional self-harm by hot household appliances, initial encounter</i>
<i>X77.3XXD</i>	<i>Intentional self-harm by hot household appliances, subsequent encounter</i>
<i>X77.3XXS</i>	<i>Intentional self-harm by hot household appliances, sequela</i>
<i>X77.8XXA</i>	<i>Intentional self-harm by other hot objects, initial encounter</i>
<i>X77.8XXD</i>	<i>Intentional self-harm by other hot objects, subsequent encounter</i>
<i>X77.8XXS</i>	<i>Intentional self-harm by other hot objects, sequela</i>
<i>X77.9XXA</i>	<i>Intentional self-harm by unspecified hot objects, initial encounter</i>
<i>X77.9XXD</i>	<i>Intentional self-harm by unspecified hot objects, subsequent encounter</i>
<i>X77.9XXS</i>	<i>Intentional self-harm by unspecified hot objects, sequela</i>
<i>X78.0XXA</i>	<i>Intentional self-harm by sharp glass, initial encounter</i>
<i>X78.0XXD</i>	<i>Intentional self-harm by sharp glass, subsequent encounter</i>
<i>X78.0XXS</i>	<i>Intentional self-harm by sharp glass, sequela</i>
<i>X78.1XXA</i>	<i>Intentional self-harm by knife, initial encounter</i>
<i>X78.1XXD</i>	<i>Intentional self-harm by knife, subsequent encounter</i>
<i>X78.1XXS</i>	<i>Intentional self-harm by knife, sequela</i>
<i>X78.2XXA</i>	<i>Intentional self-harm by sword or dagger, initial encounter</i>
<i>X78.2XXD</i>	<i>Intentional self-harm by sword or dagger, subsequent encounter</i>
<i>X78.2XXS</i>	<i>Intentional self-harm by sword or dagger, sequela</i>
<i>X78.8XXA</i>	<i>Intentional self-harm by other sharp object, initial encounter</i>
<i>X78.8XXD</i>	<i>Intentional self-harm by other sharp object, subsequent encounter</i>
<i>X78.8XXS</i>	<i>Intentional self-harm by other sharp object, sequela</i>
<i>X78.9XXA</i>	<i>Intentional self-harm by unspecified sharp object, initial encounter</i>
<i>X78.9XXD</i>	<i>Intentional self-harm by unspecified sharp object, subsequent encounter</i>
<i>X78.9XXS</i>	<i>Intentional self-harm by unspecified sharp object, sequela</i>
<i>X79.XXXA</i>	<i>Intentional self-harm by blunt object, initial encounter</i>
<i>X79.XXXD</i>	<i>Intentional self-harm by blunt object, subsequent encounter</i>
<i>X79.XXXS</i>	<i>Intentional self-harm by blunt object, sequela</i>
<i>X80.XXXA</i>	<i>Intentional self-harm by jumping from a high place, initial encounter</i>
<i>X80.XXXD</i>	<i>Intentional self-harm by jumping from a high place, subsequent encounter</i>
<i>X80.XXXS</i>	<i>Intentional self-harm by jumping from a high place, sequela</i>
<i>X81.0XXA</i>	<i>Intentional self-harm by jumping or lying in front of motor vehicle, initial encounter</i>
<i>X81.0XXD</i>	<i>Intentional self-harm by jumping or lying in front of motor vehicle, subsequent encounter</i>

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

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>X93.XXXD</i>	<i>Assault by handgun discharge, subsequent encounter</i>
<i>X93.XXXS</i>	<i>Assault by handgun discharge, sequela</i>
<i>X94.0XXA</i>	<i>Assault by shotgun, initial encounter</i>
<i>X94.0XXD</i>	<i>Assault by shotgun, subsequent encounter</i>
<i>X94.0XXS</i>	<i>Assault by shotgun, sequela</i>
<i>X94.1XXA</i>	<i>Assault by hunting rifle, initial encounter</i>
<i>X94.1XXD</i>	<i>Assault by hunting rifle, subsequent encounter</i>
<i>X94.1XXS</i>	<i>Assault by hunting rifle, sequela</i>
<i>X94.2XXA</i>	<i>Assault by machine gun, initial encounter</i>
<i>X94.2XXD</i>	<i>Assault by machine gun, subsequent encounter</i>
<i>X94.2XXS</i>	<i>Assault by machine gun, sequela</i>
<i>X94.8XXA</i>	<i>Assault by other larger firearm discharge, initial encounter</i>
<i>X94.8XXD</i>	<i>Assault by other larger firearm discharge, subsequent encounter</i>
<i>X94.8XXS</i>	<i>Assault by other larger firearm discharge, sequela</i>
<i>X94.9XXA</i>	<i>Assault by unspecified larger firearm discharge, initial encounter</i>
<i>X94.9XXD</i>	<i>Assault by unspecified larger firearm discharge, subsequent encounter</i>
<i>X94.9XXS</i>	<i>Assault by unspecified larger firearm discharge, sequela</i>
<i>X95.01XA</i>	<i>Assault by airgun discharge, initial encounter</i>
<i>X95.01XD</i>	<i>Assault by airgun discharge, subsequent encounter</i>
<i>X95.01XS</i>	<i>Assault by airgun discharge, sequela</i>
<i>X95.02XA</i>	<i>Assault by paintball gun discharge, initial encounter</i>
<i>X95.02XD</i>	<i>Assault by paintball gun discharge, subsequent encounter</i>
<i>X95.02XS</i>	<i>Assault by paintball gun discharge, sequela</i>
<i>X95.09XA</i>	<i>Assault by other gas, air or spring-operated gun, initial encounter</i>
<i>X95.09XD</i>	<i>Assault by other gas, air or spring-operated gun, subsequent encounter</i>
<i>X95.09XS</i>	<i>Assault by other gas, air or spring-operated gun, sequela</i>
<i>X95.8XXA</i>	<i>Assault by other firearm discharge, initial encounter</i>
<i>X95.8XXD</i>	<i>Assault by other firearm discharge, subsequent encounter</i>
<i>X95.8XXS</i>	<i>Assault by other firearm discharge, sequela</i>
<i>X95.9XXA</i>	<i>Assault by unspecified firearm discharge, initial encounter</i>
<i>X95.9XXD</i>	<i>Assault by unspecified firearm discharge, subsequent encounter</i>
<i>X95.9XXS</i>	<i>Assault by unspecified firearm discharge, sequela</i>
<i>X96.0XXA</i>	<i>Assault by antipersonnel bomb, initial encounter</i>
<i>X96.0XXD</i>	<i>Assault by antipersonnel bomb, subsequent encounter</i>
<i>X96.0XXS</i>	<i>Assault by antipersonnel bomb, sequela</i>

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

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

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

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y08.02XS</i>	<i>Assault by strike by baseball bat, sequela</i>
<i>Y08.09XA</i>	<i>Assault by strike by other specified type of sport equipment, initial encounter</i>
<i>Y08.09XD</i>	<i>Assault by strike by other specified type of sport equipment, subsequent encounter</i>
<i>Y08.09XS</i>	<i>Assault by strike by other specified type of sport equipment, sequela</i>
<i>Y08.89XA</i>	<i>Assault by other specified means, initial encounter</i>
<i>Y08.89XD</i>	<i>Assault by other specified means, subsequent encounter</i>
<i>Y08.89XS</i>	<i>Assault by other specified means, sequela</i>
<i>Y09</i>	<i>Assault by unspecified means</i>
<i>Y21.0XXA</i>	<i>Drowning and submersion while in bathtub, undetermined intent, initial encounter</i>
<i>Y21.0XXD</i>	<i>Drowning and submersion while in bathtub, undetermined intent, subsequent encounter</i>
<i>Y21.0XXS</i>	<i>Drowning and submersion while in bathtub, undetermined intent, sequela</i>
<i>Y21.1XXA</i>	<i>Drowning and submersion after fall into bathtub, undetermined intent, initial encounter</i>
<i>Y21.1XXD</i>	<i>Drowning and submersion after fall into bathtub, undetermined intent, subsequent encounter</i>
<i>Y21.1XXS</i>	<i>Drowning and submersion after fall into bathtub, undetermined intent, sequela</i>
<i>Y21.2XXA</i>	<i>Drowning and submersion while in swimming pool, undetermined intent, initial encounter</i>
<i>Y21.2XXD</i>	<i>Drowning and submersion while in swimming pool, undetermined intent, subsequent encounter</i>
<i>Y21.2XXS</i>	<i>Drowning and submersion while in swimming pool, undetermined intent, sequela</i>
<i>Y21.3XXA</i>	<i>Drowning and submersion after fall into swimming pool, undetermined intent, initial encounter</i>
<i>Y21.3XXD</i>	<i>Drowning and submersion after fall into swimming pool, undetermined intent, subsequent encounter</i>
<i>Y21.3XXS</i>	<i>Drowning and submersion after fall into swimming pool, undetermined intent, sequela</i>
<i>Y21.4XXA</i>	<i>Drowning and submersion in natural water, undetermined intent, initial encounter</i>
<i>Y21.4XXD</i>	<i>Drowning and submersion in natural water, undetermined intent, subsequent encounter</i>
<i>Y21.4XXS</i>	<i>Drowning and submersion in natural water, undetermined intent, sequela</i>
<i>Y21.8XXA</i>	<i>Other drowning and submersion, undetermined intent, initial encounter</i>
<i>Y21.8XXD</i>	<i>Other drowning and submersion, undetermined intent, subsequent encounter</i>
<i>Y21.8XXS</i>	<i>Other drowning and submersion, undetermined intent, sequela</i>
<i>Y21.9XXA</i>	<i>Unspecified drowning and submersion, undetermined intent, initial encounter</i>
<i>Y21.9XXD</i>	<i>Unspecified drowning and submersion, undetermined intent, subsequent encounter</i>
<i>Y21.9XXS</i>	<i>Unspecified drowning and submersion, undetermined intent, sequela</i>
<i>Y22.XXXA</i>	<i>Handgun discharge, undetermined intent, initial encounter</i>
<i>Y22.XXXD</i>	<i>Handgun discharge, undetermined intent, subsequent encounter</i>
<i>Y22.XXXS</i>	<i>Handgun discharge, undetermined intent, sequela</i>
<i>Y23..0XXA</i>	<i>Shotgun discharge, undetermined intent, initial encounter</i>
<i>Y23..0XXD</i>	<i>Shotgun discharge, undetermined intent, subsequent encounter</i>
<i>Y23..0XXS</i>	<i>Shotgun discharge, undetermined intent, sequela</i>

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

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y27.3XXS</i>	<i>Contact with hot household appliance, undetermined intent, sequela</i>
<i>Y28.1XXA</i>	<i>Contact with knife, undetermined intent, initial encounter</i>
<i>Y28.1XXD</i>	<i>Contact with knife, undetermined intent, subsequent encounter</i>
<i>Y28.1XXS</i>	<i>Contact with knife, undetermined intent, sequela</i>
<i>Y28.2XXA</i>	<i>Contact with sword or dagger, undetermined intent, initial encounter</i>
<i>Y28.2XXD</i>	<i>Contact with sword or dagger, undetermined intent, subsequent encounter</i>
<i>Y28.2XXS</i>	<i>Contact with sword or dagger, undetermined intent, sequela</i>
<i>Y30.XXXA</i>	<i>Falling, jumping or pushed from a high place, undetermined intent, initial encounter</i>
<i>Y30.XXXD</i>	<i>Falling, jumping or pushed from a high place, undetermined intent, subsequent encounter</i>
<i>Y30.XXXS</i>	<i>Falling, jumping or pushed from a high place, undetermined intent, sequela</i>
<i>Y33.XXXA</i>	<i>Other specified events, undetermined intent, initial encounter</i>
<i>Y33.XXXD</i>	<i>Other specified events, undetermined intent, subsequent encounter</i>
<i>Y33.XXXS</i>	<i>Other specified events, undetermined intent, sequela</i>
<i>Y35.001A</i>	<i>Legal intervention involving unspecified firearm discharge, law enforcement official injured, initial encounter</i>
<i>Y35.001D</i>	<i>Legal intervention involving unspecified firearm discharge, law enforcement official injured, subsequent encounter</i>
<i>Y35.001S</i>	<i>Legal intervention involving unspecified firearm discharge, law enforcement official injured, sequela</i>
<i>Y35.002A</i>	<i>Legal intervention involving unspecified firearm discharge, bystander injured, initial encounter</i>
<i>Y35.002D</i>	<i>Legal intervention involving unspecified firearm discharge, bystander injured, subsequent encounter</i>
<i>Y35.002S</i>	<i>Legal intervention involving unspecified firearm discharge, bystander injured, sequela</i>
<i>Y35.003A</i>	<i>Legal intervention involving unspecified firearm discharge, suspect injured, initial encounter</i>
<i>Y35.003D</i>	<i>Legal intervention involving unspecified firearm discharge, suspect injured, subsequent encounter</i>
<i>Y35.003S</i>	<i>Legal intervention involving unspecified firearm discharge, suspect injured, sequela</i>
<i>Y35.009A</i>	<i>Legal intervention involving unspecified firearm discharge, unspecified person injured, initial encounter</i>
<i>Y35.009D</i>	<i>Legal intervention involving unspecified firearm discharge, unspecified person injured, subsequent encounter</i>
<i>Y35.009S</i>	<i>Legal intervention involving unspecified firearm discharge, unspecified person injured, sequela</i>
<i>Y35.011A</i>	<i>Legal intervention involving injury by machine gun, law enforcement official injured, initial encounter</i>
<i>Y35.011D</i>	<i>Legal intervention involving injury by machine gun, law enforcement official injured, subsequent encounter</i>
<i>Y35.011S</i>	<i>Legal intervention involving injury by machine gun, law enforcement official injured, sequela</i>
<i>Y35.012A</i>	<i>Legal intervention involving injury by machine gun, bystander injured, initial encounter</i>
<i>Y35.012D</i>	<i>Legal intervention involving injury by machine gun, bystander injured, subsequent encounter</i>
<i>Y35.012S</i>	<i>Legal intervention involving injury by machine gun, bystander injured, sequela</i>
<i>Y35.013A</i>	<i>Legal intervention involving injury by machine gun, suspect injured, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y35.013D</i>	<i>Legal intervention involving injury by machine gun, suspect injured, subsequent encounter</i>
<i>Y35.013S</i>	<i>Legal intervention involving injury by machine gun, suspect injured, sequela</i>
<i>Y35.019A</i>	<i>Legal intervention involving injury by machine gun, unspecified person injured, initial encounter</i>
<i>Y35.019D</i>	<i>Legal intervention involving injury by machine gun, unspecified person injured, subsequent encounter</i>
<i>Y35.019S</i>	<i>Legal intervention involving injury by machine gun, unspecified person injured, sequela</i>
<i>Y35.021A</i>	<i>Legal intervention involving injury by handgun, law enforcement official injured, initial encounter</i>
<i>Y35.021D</i>	<i>Legal intervention involving injury by handgun, law enforcement official injured, subsequent encounter</i>
<i>Y35.021S</i>	<i>Legal intervention involving injury by handgun, law enforcement official injured, sequela</i>
<i>Y35.022A</i>	<i>Legal intervention involving injury by handgun, bystander injured, initial encounter</i>
<i>Y35.022D</i>	<i>Legal intervention involving injury by handgun, bystander injured, subsequent encounter</i>
<i>Y35.022S</i>	<i>Legal intervention involving injury by handgun, bystander injured, sequela</i>
<i>Y35.023A</i>	<i>Legal intervention involving injury by handgun, suspect injured, initial encounter</i>
<i>Y35.023D</i>	<i>Legal intervention involving injury by handgun, suspect injured, subsequent encounter</i>
<i>Y35.023S</i>	<i>Legal intervention involving injury by handgun, suspect injured, sequela</i>
<i>Y35.029A</i>	<i>Legal intervention involving injury by handgun, unspecified person injured, initial encounter</i>
<i>Y35.029D</i>	<i>Legal intervention involving injury by handgun, unspecified person injured, subsequent encounter</i>
<i>Y35.029S</i>	<i>Legal intervention involving injury by handgun, unspecified person injured, sequela</i>
<i>Y35.031A</i>	<i>Legal intervention involving injury by rifle pellet, law enforcement official injured, initial encounter</i>
<i>Y35.031D</i>	<i>Legal intervention involving injury by rifle pellet, law enforcement official injured, subsequent encounter</i>
<i>Y35.031S</i>	<i>Legal intervention involving injury by rifle pellet, law enforcement official injured, sequela</i>
<i>Y35.032A</i>	<i>Legal intervention involving injury by rifle pellet, bystander injured, initial encounter</i>
<i>Y35.032D</i>	<i>Legal intervention involving injury by rifle pellet, bystander injured, subsequent encounter</i>
<i>Y35.032S</i>	<i>Legal intervention involving injury by rifle pellet, bystander injured, sequela</i>
<i>Y35.033A</i>	<i>Legal intervention involving injury by rifle pellet, suspect injured, initial encounter</i>
<i>Y35.033D</i>	<i>Legal intervention involving injury by rifle pellet, suspect injured, subsequent encounter</i>
<i>Y35.033S</i>	<i>Legal intervention involving injury by rifle pellet, suspect injured, sequela</i>
<i>Y35.039A</i>	<i>Legal intervention involving injury by rifle pellet, unspecified person injured, initial encounter</i>
<i>Y35.039D</i>	<i>Legal intervention involving injury by rifle pellet, unspecified person injured, subsequent encounter</i>
<i>Y35.039S</i>	<i>Legal intervention involving injury by rifle pellet, unspecified person injured, sequela</i>
<i>Y35.041A</i>	<i>Legal intervention involving injury by rubber bullet, law enforcement official injured, initial encounter</i>
<i>Y35.041D</i>	<i>Legal intervention involving injury by rubber bullet, law enforcement official injured, subsequent encounter</i>
<i>Y35.041S</i>	<i>Legal intervention involving injury by rubber bullet, law enforcement official injured, sequela</i>
<i>Y35.042A</i>	<i>Legal intervention involving injury by rubber bullet, bystander injured, initial encounter</i>
<i>Y35.042D</i>	<i>Legal intervention involving injury by rubber bullet, bystander injured, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>Y35.042S</i>	<i>Legal intervention involving injury by rubber bullet, bystander injured, sequela</i>
<i>Y35.043A</i>	<i>Legal intervention involving injury by rubber bullet, suspect injured, initial encounter</i>
<i>Y35.043D</i>	<i>Legal intervention involving injury by rubber bullet, suspect injured, subsequent encounter</i>
<i>Y35.043S</i>	<i>Legal intervention involving injury by rubber bullet, suspect injured, sequela</i>
<i>Y35.049A</i>	<i>Legal intervention involving injury by rubber bullet, unspecified person injured, initial encounter</i>
<i>Y35.049D</i>	<i>Legal intervention involving injury by rubber bullet, unspecified person injured, subsequent encounter</i>
<i>Y35.049S</i>	<i>Legal intervention involving injury by rubber bullet, unspecified person injured, sequela</i>
<i>Y35.091A</i>	<i>Legal intervention involving other firearm discharge, law enforcement official injured, initial encounter</i>
<i>Y35.091D</i>	<i>Legal intervention involving other firearm discharge, law enforcement official injured, subsequent encounter</i>
<i>Y35.091S</i>	<i>Legal intervention involving other firearm discharge, law enforcement official injured, sequela</i>
<i>Y35.092A</i>	<i>Legal intervention involving other firearm discharge, bystander injured, initial encounter</i>
<i>Y35.092D</i>	<i>Legal intervention involving other firearm discharge, bystander injured, subsequent encounter</i>
<i>Y35.092S</i>	<i>Legal intervention involving other firearm discharge, bystander injured, sequela</i>
<i>Y35.093A</i>	<i>Legal intervention involving other firearm discharge, suspect injured, initial encounter</i>
<i>Y35.093D</i>	<i>Legal intervention involving other firearm discharge, suspect injured, subsequent encounter</i>
<i>Y35.093S</i>	<i>Legal intervention involving other firearm discharge, suspect injured, sequela</i>
<i>Y35.099A</i>	<i>Legal intervention involving other firearm discharge, unspecified person injured, initial encounter</i>
<i>Y35.099D</i>	<i>Legal intervention involving other firearm discharge, unspecified person injured, subsequent encounter</i>
<i>Y35.099S</i>	<i>Legal intervention involving other firearm discharge, unspecified person injured, sequela</i>
<i>Y35.101A</i>	<i>Legal intervention involving unspecified explosives, law enforcement official injured, initial encounter</i>
<i>Y35.101D</i>	<i>Legal intervention involving unspecified explosives, law enforcement official injured, subsequent encounter</i>
<i>Y35.101S</i>	<i>Legal intervention involving unspecified explosives, law enforcement official injured, sequela</i>
<i>Y35.102A</i>	<i>Legal intervention involving unspecified explosives, bystander injured, initial encounter</i>
<i>Y35.102D</i>	<i>Legal intervention involving unspecified explosives, bystander injured, subsequent encounter</i>
<i>Y35.102S</i>	<i>Legal intervention involving unspecified explosives, bystander injured, sequela</i>
<i>Y35.103A</i>	<i>Legal intervention involving unspecified explosives, suspect injured, initial encounter</i>
<i>Y35.103D</i>	<i>Legal intervention involving unspecified explosives, suspect injured, subsequent encounter</i>
<i>Y35.103S</i>	<i>Legal intervention involving unspecified explosives, suspect injured, sequela</i>
<i>Y35.109A</i>	<i>Legal intervention involving unspecified explosives, unspecified person injured, initial encounter</i>
<i>Y35.109D</i>	<i>Legal intervention involving unspecified explosives, unspecified person injured, subsequent encounter</i>
<i>Y35.109S</i>	<i>Legal intervention involving unspecified explosives, unspecified person injured, sequela</i>
<i>Y35.111A</i>	<i>Legal intervention involving injury by dynamite, law enforcement official injured, initial encounter</i>
<i>Y35.111D</i>	<i>Legal intervention involving injury by dynamite, law enforcement official injured, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y35.111S</i>	<i>Legal intervention involving injury by dynamite, law enforcement official injured, sequela</i>
<i>Y35.112A</i>	<i>Legal intervention involving injury by dynamite, bystander injured, initial encounter</i>
<i>Y35.112D</i>	<i>Legal intervention involving injury by dynamite, bystander injured, subsequent encounter</i>
<i>Y35.112S</i>	<i>Legal intervention involving injury by dynamite, bystander injured, sequela</i>
<i>Y35.113A</i>	<i>Legal intervention involving injury by dynamite, suspect injured, initial encounter</i>
<i>Y35.113D</i>	<i>Legal intervention involving injury by dynamite, suspect injured, subsequent encounter</i>
<i>Y35.113S</i>	<i>Legal intervention involving injury by dynamite, suspect injured, sequela</i>
<i>Y35.119A</i>	<i>Legal intervention involving injury by dynamite, unspecified person injured, initial encounter</i>
<i>Y35.119D</i>	<i>Legal intervention involving injury by dynamite, unspecified person injured, subsequent encounter</i>
<i>Y35.119S</i>	<i>Legal intervention involving injury by dynamite, unspecified person injured, sequela encounter</i>
<i>Y35.121A</i>	<i>Legal intervention involving injury by explosive shell, law enforcement official injured, initial encounter</i>
<i>Y35.121D</i>	<i>Legal intervention involving injury by explosive shell, law enforcement official injured, subsequent encounter</i>
<i>Y35.121S</i>	<i>Legal intervention involving injury by explosive shell, law enforcement official injured, sequela</i>
<i>Y35.123A</i>	<i>Legal intervention involving injury by explosive shell, suspect injured, initial encounter</i>
<i>Y35.123D</i>	<i>Legal intervention involving injury by explosive shell, suspect injured, subsequent encounter</i>
<i>Y35.123S</i>	<i>Legal intervention involving injury by explosive shell, suspect injured, sequela</i>
<i>Y35.129A</i>	<i>Legal intervention involving injury by explosive shell, unspecified person injured, initial encounter</i>
<i>Y35.129D</i>	<i>Legal intervention involving injury by explosive shell, unspecified person injured, subsequent encounter</i>
<i>Y35.129S</i>	<i>Legal intervention involving injury by explosive shell, unspecified person injured, sequela</i>
<i>Y35.191A</i>	<i>Legal intervention involving other explosives, law enforcement official injured, initial encounter</i>
<i>Y35.191D</i>	<i>Legal intervention involving other explosives, law enforcement official injured, subsequent encounter</i>
<i>Y35.191S</i>	<i>Legal intervention involving other explosives, law enforcement official injured, sequela</i>
<i>Y35.192A</i>	<i>Legal intervention involving other explosives, bystander injured, initial encounter</i>
<i>Y35.192D</i>	<i>Legal intervention involving other explosives, bystander injured, subsequent encounter</i>
<i>Y35.192S</i>	<i>Legal intervention involving other explosives, bystander injured, sequela</i>
<i>Y35.193A</i>	<i>Legal intervention involving other explosives, suspect injured, initial encounter</i>
<i>Y35.193D</i>	<i>Legal intervention involving other explosives, suspect injured, subsequent encounter</i>
<i>Y35.193S</i>	<i>Legal intervention involving other explosives, suspect injured, sequela</i>
<i>Y35.199A</i>	<i>Legal intervention involving other explosives, unspecified person injured, initial encounter</i>
<i>Y35.199D</i>	<i>Legal intervention involving other explosives, unspecified person injured, subsequent encounter</i>
<i>Y35.199S</i>	<i>Legal intervention involving other explosives, unspecified person injured, sequela</i>
<i>Y35.211A</i>	<i>Legal intervention involving injury by tear gas, law enforcement official injured, initial encounter</i>
<i>Y35.211D</i>	<i>Legal intervention involving injury by tear gas, law enforcement official injured, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>Y35.211S</i>	<i>Legal intervention involving injury by tear gas, law enforcement official injured, sequela</i>
<i>Y35.212A</i>	<i>Legal intervention involving injury by tear gas, bystander injured, initial encounter</i>
<i>Y35.212D</i>	<i>Legal intervention involving injury by tear gas, bystander injured, subsequent encounter</i>
<i>Y35.212S</i>	<i>Legal intervention involving injury by tear gas, bystander injured, sequela</i>
<i>Y35.213A</i>	<i>Legal intervention involving injury by tear gas, suspect injured, initial encounter</i>
<i>Y35.213D</i>	<i>Legal intervention involving injury by tear gas, suspect injured, subsequent encounter</i>
<i>Y35.213S</i>	<i>Legal intervention involving injury by tear gas, suspect injured, sequela</i>
<i>Y35.219A</i>	<i>Legal intervention involving injury by tear gas, unspecified person injured, initial encounter</i>
<i>Y35.219D</i>	<i>Legal intervention involving injury by tear gas, unspecified person injured, subsequent encounter</i>
<i>Y35.219S</i>	<i>Legal intervention involving injury by tear gas, unspecified person injured, sequela</i>
<i>Y35.311A</i>	<i>Legal intervention involving baton, law enforcement official injured, initial encounter</i>
<i>Y35.311D</i>	<i>Legal intervention involving baton, law enforcement official injured, subsequent encounter</i>
<i>Y35.311S</i>	<i>Legal intervention involving baton, law enforcement official injured, sequela</i>
<i>Y35.312A</i>	<i>Legal intervention involving baton, bystander injured, initial encounter</i>
<i>Y35.312D</i>	<i>Legal intervention involving baton, bystander injured, subsequent encounter</i>
<i>Y35.312S</i>	<i>Legal intervention involving baton, bystander injured, sequela</i>
<i>Y35.313A</i>	<i>Legal intervention involving baton, suspect injured, initial encounter</i>
<i>Y35.313D</i>	<i>Legal intervention involving baton, suspect injured, subsequent encounter</i>
<i>Y35.313S</i>	<i>Legal intervention involving baton, suspect injured, sequela</i>
<i>Y35.319A</i>	<i>Legal intervention involving baton, unspecified person injured, initial encounter</i>
<i>Y35.319D</i>	<i>Legal intervention involving baton, unspecified person injured, subsequent encounter</i>
<i>Y35.319S</i>	<i>Legal intervention involving baton, unspecified person injured, sequela</i>
<i>Y35.411A</i>	<i>Legal intervention involving bayonet, law enforcement official injured, initial encounter</i>
<i>Y35.411D</i>	<i>Legal intervention involving bayonet, law enforcement official injured, subsequent encounter</i>
<i>Y35.411S</i>	<i>Legal intervention involving bayonet, law enforcement official injured, sequela</i>
<i>Y35.412A</i>	<i>Legal intervention involving bayonet, bystander injured, initial encounter</i>
<i>Y35.412D</i>	<i>Legal intervention involving bayonet, bystander injured, subsequent encounter</i>
<i>Y35.412S</i>	<i>Legal intervention involving bayonet, bystander injured, sequela</i>
<i>Y35.413A</i>	<i>Legal intervention involving bayonet, suspect injured, initial encounter</i>
<i>Y35.413D</i>	<i>Legal intervention involving bayonet, suspect injured, subsequent encounter</i>
<i>Y35.413S</i>	<i>Legal intervention involving bayonet, suspect injured, sequela</i>
<i>Y35.419A</i>	<i>Legal intervention involving bayonet, unspecified person injured, initial encounter</i>
<i>Y35.419D</i>	<i>Legal intervention involving bayonet, unspecified person injured, subsequent encounter</i>
<i>Y35.419S</i>	<i>Legal intervention involving bayonet, unspecified person injured, sequela</i>
<i>Y35.811A</i>	<i>Legal intervention involving manhandling, law enforcement official injured, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y35.811D</i>	<i>Legal intervention involving manhandling, law enforcement official injured, subsequent encounter</i>
<i>Y35.811S</i>	<i>Legal intervention involving manhandling, law enforcement official injured, sequela</i>
<i>Y35.812A</i>	<i>Legal intervention involving manhandling, bystander injured, initial encounter</i>
<i>Y35.812D</i>	<i>Legal intervention involving manhandling, bystander injured, subsequent encounter</i>
<i>Y35.812S</i>	<i>Legal intervention involving manhandling, bystander injured, sequela</i>
<i>Y35.813A</i>	<i>Legal intervention involving manhandling, suspect injured, initial encounter</i>
<i>Y35.813D</i>	<i>Legal intervention involving manhandling, suspect injured, subsequent encounter</i>
<i>Y35.813S</i>	<i>Legal intervention involving manhandling, suspect injured, sequela</i>
<i>Y35.819A</i>	<i>Legal intervention involving manhandling, unspecified person injured, initial encounter</i>
<i>Y35.819D</i>	<i>Legal intervention involving manhandling, unspecified person injured, subsequent encounter</i>
<i>Y35.819S</i>	<i>Legal intervention involving manhandling, unspecified person injured, sequela</i>
<i>Y35.831A</i>	<i>Legal intervention involving a conducted energy device, law enforcement official injured, initial encounter</i>
<i>Y35.831D</i>	<i>Legal intervention involving a conducted energy device, law enforcement official injured, subsequent encounter</i>
<i>Y35.831S</i>	<i>Legal intervention involving a conducted energy device, law enforcement official injured, sequela</i>
<i>Y35.832A</i>	<i>Legal intervention involving a conducted energy device, bystander injured, initial encounter</i>
<i>Y35.832D</i>	<i>Legal intervention involving a conducted energy device, bystander injured, subsequent encounter</i>
<i>Y35.832S</i>	<i>Legal intervention involving a conducted energy device, bystander injured, sequela</i>
<i>Y35.833A</i>	<i>Legal intervention involving a conducted energy device, suspect injured, initial encounter</i>
<i>Y35.833D</i>	<i>Legal intervention involving a conducted energy device, suspect injured, subsequent encounter</i>
<i>Y35.833S</i>	<i>Legal intervention involving a conducted energy device, suspect injured, sequela</i>
<i>Y35.839A</i>	<i>Legal intervention involving a conducted energy device, unspecified person injured, initial encounter</i>
<i>Y35.839D</i>	<i>Legal intervention involving a conducted energy device, unspecified person injured, subsequent encounter</i>
<i>Y35.839S</i>	<i>Legal intervention involving a conducted energy device, unspecified person injured, sequela</i>
<i>Y35.891A</i>	<i>Legal intervention involving other specified means, law enforcement official injured, initial encounter</i>
<i>Y35.891D</i>	<i>Legal intervention involving other specified means, law enforcement official injured, subsequent encounter</i>
<i>Y35.891S</i>	<i>Legal intervention involving other specified means, law enforcement official injured, sequela</i>
<i>Y35.892A</i>	<i>Legal intervention involving other specified means, bystander injured, initial encounter</i>
<i>Y35.892D</i>	<i>Legal intervention involving other specified means, bystander injured, subsequent encounter</i>
<i>Y35.892S</i>	<i>Legal intervention involving other specified means, bystander injured, sequela</i>
<i>Y35.893A</i>	<i>Legal intervention involving other specified means, suspect injured, initial encounter</i>
<i>Y35.893D</i>	<i>Legal intervention involving other specified means, suspect injured, subsequent encounter</i>
<i>Y35.893S</i>	<i>Legal intervention involving other specified means, suspect injured, sequela</i>
<i>Y35.91XA</i>	<i>Legal intervention, means unspecified, law enforcement official injured, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
Y35.91XD	<i>Legal intervention, means unspecified, law enforcement official injured, subsequent encounter</i>
Y35.91XS	<i>Legal intervention, means unspecified, law enforcement official injured, sequela</i>
Y35.92XA	<i>Legal intervention, means unspecified, bystander injured, initial encounter</i>
Y35.92XD	<i>Legal intervention, means unspecified, bystander injured, subsequent encounter</i>
Y35.92XS	<i>Legal intervention, means unspecified, bystander injured, sequela</i>
Y35.93XA	<i>Legal intervention, means unspecified, suspect injured, initial encounter</i>
Y35.93XD	<i>Legal intervention, means unspecified, suspect injured, subsequent encounter</i>
Y35.93XS	<i>Legal intervention, means unspecified, suspect injured, sequela</i>
Y35.99XA	<i>Legal intervention, means unspecified, unspecified person injured, initial encounter</i>
Y35.99XD	<i>Legal intervention, means unspecified, unspecified person injured, subsequent encounter</i>
Y35.99XS	<i>Legal intervention, means unspecified, unspecified person injured, sequela</i>
Y36.000A	<i>War operations involving explosion of unspecified marine weapon, military personnel, initial encounter</i>
Y36.000D	<i>War operations involving explosion of unspecified marine weapon, military personnel, subsequent encounter</i>
Y36.000S	<i>War operations involving explosion of unspecified marine weapon, military personnel, sequela</i>
Y36.001A	<i>War operations involving explosion of unspecified marine weapon, civilian, initial encounter</i>
Y36.001D	<i>War operations involving explosion of unspecified marine weapon, civilian, subsequent encounter</i>
Y36.001S	<i>War operations involving explosion of unspecified marine weapon, civilian, sequela</i>
Y36.010A	<i>War operations involving explosion of depth-charge, military personnel, initial encounter</i>
Y36.010D	<i>War operations involving explosion of depth-charge, military personnel, subsequent encounter</i>
Y36.010S	<i>War operations involving explosion of depth-charge, military personnel, sequela</i>
Y36.011A	<i>War operations involving explosion of depth-charge, civilian, initial encounter</i>
Y36.011D	<i>War operations involving explosion of depth-charge, civilian, subsequent encounter</i>
Y36.011S	<i>War operations involving explosion of depth-charge, civilian, sequela</i>
Y36.020A	<i>War operations involving explosion of marine mine, military personnel, initial encounter</i>
Y36.020D	<i>War operations involving explosion of marine mine, military personnel, subsequent encounter</i>
Y36.020S	<i>War operations involving explosion of marine mine, military personnel, sequela</i>
Y36.021A	<i>War operations involving explosion of marine mine, civilian, initial encounter</i>
Y36.021D	<i>War operations involving explosion of marine mine, civilian, subsequent encounter</i>
Y36.021S	<i>War operations involving explosion of marine mine, civilian, sequela</i>
Y36.030A	<i>War operations involving explosion of sea-based artillery shell, military personnel, initial encounter</i>
Y36.030D	<i>War operations involving explosion of sea-based artillery shell, military personnel, subsequent encounter</i>
Y36.030S	<i>War operations involving explosion of sea-based artillery shell, military personnel, sequela</i>
Y36.031A	<i>War operations involving explosion of sea-based artillery shell, civilian, initial encounter</i>

DY Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y36.031D</i>	<i>War operations involving explosion of sea-based artillery shell, civilian, subsequent encounter</i>
<i>Y36.031S</i>	<i>War operations involving explosion of sea-based artillery shell, civilian, sequela</i>
<i>Y36.040A</i>	<i>War operations involving explosion of torpedo, military personnel, initial encounter</i>
<i>Y36.040D</i>	<i>War operations involving explosion of torpedo, military personnel, subsequent encounter</i>
<i>Y36.040S</i>	<i>War operations involving explosion of torpedo, military personnel, sequela</i>
<i>Y36.041A</i>	<i>War operations involving explosion of torpedo, civilian, initial encounter</i>
<i>Y36.041D</i>	<i>War operations involving explosion of torpedo, civilian, subsequent encounter</i>
<i>Y36.041S</i>	<i>War operations involving explosion of torpedo, civilian, sequela</i>
<i>Y36.050A</i>	<i>War operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter</i>
<i>Y36.050D</i>	<i>War operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter</i>
<i>Y36.050S</i>	<i>War operations involving accidental detonation of onboard marine weapons, military personnel, sequela</i>
<i>Y36.051A</i>	<i>War operations involving accidental detonation of onboard marine weapons, civilian, initial encounter</i>
<i>Y36.051D</i>	<i>War operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter</i>
<i>Y36.051S</i>	<i>War operations involving accidental detonation of onboard marine weapons, civilian, sequela</i>
<i>Y36.090A</i>	<i>War operations involving explosion of other marine weapons, military personnel, initial encounter</i>
<i>Y36.090D</i>	<i>War operations involving explosion of other marine weapons, military personnel, subsequent encounter</i>
<i>Y36.090S</i>	<i>War operations involving explosion of other marine weapons, military personnel, sequela</i>
<i>Y36.091A</i>	<i>War operations involving explosion of other marine weapons, civilian, initial encounter</i>
<i>Y36.091D</i>	<i>War operations involving explosion of other marine weapons, civilian, subsequent encounter</i>
<i>Y36.091S</i>	<i>War operations involving explosion of other marine weapons, civilian, sequela</i>
<i>Y36.100A</i>	<i>War operations involving unspecified destruction of aircraft, military personnel, initial encounter</i>
<i>Y36.100D</i>	<i>War operations involving unspecified destruction of aircraft, military personnel, subsequent encounter</i>
<i>Y36.100S</i>	<i>War operations involving unspecified destruction of aircraft, military personnel, sequela</i>
<i>Y36.101A</i>	<i>War operations involving unspecified destruction of aircraft, civilian, initial encounter</i>
<i>Y36.101D</i>	<i>War operations involving unspecified destruction of aircraft, civilian, subsequent encounter</i>
<i>Y36.101S</i>	<i>War operations involving unspecified destruction of aircraft, civilian, sequela</i>
<i>Y36.110A</i>	<i>War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, initial encounter</i>
<i>Y36.110D</i>	<i>War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, subsequent encounter</i>
<i>Y36.110S</i>	<i>War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, sequela</i>
<i>Y36.111A</i>	<i>War operations involving destruction of aircraft due to enemy fire or explosives, civilian, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y36.111D</i>	<i>War operations involving destruction of aircraft due to enemy fire or explosives, civilian, subsequent encounter</i>
<i>Y36.111S</i>	<i>War operations involving destruction of aircraft due to enemy fire or explosives, civilian, sequela</i>
<i>Y36.120A</i>	<i>War operations involving destruction of aircraft due to collision with other aircraft, military personnel, initial encounter</i>
<i>Y36.120D</i>	<i>War operations involving destruction of aircraft due to collision with other aircraft, military personnel, subsequent encounter</i>
<i>Y36.120S</i>	<i>War operations involving destruction of aircraft due to collision with other aircraft, military personnel, sequela</i>
<i>Y36.121A</i>	<i>War operations involving destruction of aircraft due to collision with other aircraft, civilian, initial encounter</i>
<i>Y36.121D</i>	<i>War operations involving destruction of aircraft due to collision with other aircraft, civilian, subsequent encounter</i>
<i>Y36.121S</i>	<i>War operations involving destruction of aircraft due to collision with other aircraft, civilian, sequela</i>
<i>Y36.130A</i>	<i>War operations involving destruction of aircraft due to onboard fire, military personnel, initial encounter</i>
<i>Y36.130D</i>	<i>War operations involving destruction of aircraft due to onboard fire, military personnel, subsequent encounter</i>
<i>Y36.130S</i>	<i>War operations involving destruction of aircraft due to onboard fire, military personnel, sequela</i>
<i>Y36.131A</i>	<i>War operations involving destruction of aircraft due to onboard fire, civilian, initial encounter</i>
<i>Y36.131D</i>	<i>War operations involving destruction of aircraft due to onboard fire, civilian, subsequent encounter</i>
<i>Y36.131S</i>	<i>War operations involving destruction of aircraft due to onboard fire, civilian, sequela</i>
<i>Y36.140A</i>	<i>War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter</i>
<i>Y36.140D</i>	<i>War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter</i>
<i>Y36.140S</i>	<i>War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela</i>
<i>Y36.141A</i>	<i>War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter</i>
<i>Y36.141D</i>	<i>War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter</i>
<i>Y36.141S</i>	<i>War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela</i>
<i>Y36.190A</i>	<i>War operations involving other destruction of aircraft, military personnel, initial encounter</i>
<i>Y36.190D</i>	<i>War operations involving other destruction of aircraft, military personnel, subsequent encounter</i>
<i>Y36.190S</i>	<i>War operations involving other destruction of aircraft, military personnel, sequela</i>
<i>Y36.191A</i>	<i>War operations involving other destruction of aircraft, civilian, initial encounter</i>
<i>Y36.191D</i>	<i>War operations involving other destruction of aircraft, civilian, subsequent encounter</i>
<i>Y36.191S</i>	<i>War operations involving other destruction of aircraft, civilian, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y36.200A</i>	<i>War operations involving unspecified explosion and fragments, military personnel, initial encounter</i>
<i>Y36.200D</i>	<i>War operations involving unspecified explosion and fragments, military personnel, subsequent encounter</i>
<i>Y36.200S</i>	<i>War operations involving unspecified explosion and fragments, military personnel, sequela</i>
<i>Y36.201A</i>	<i>War operations involving unspecified explosion and fragments, civilian, initial encounter</i>
<i>Y36.201D</i>	<i>War operations involving unspecified explosion and fragments, civilian, subsequent encounter</i>
<i>Y36.201S</i>	<i>War operations involving unspecified explosion and fragments, civilian, sequela</i>
<i>Y36.210A</i>	<i>War operations involving explosion of aerial bomb, military personnel, initial encounter</i>
<i>Y36.210D</i>	<i>War operations involving explosion of aerial bomb, military personnel, subsequent encounter</i>
<i>Y36.210S</i>	<i>War operations involving explosion of aerial bomb, military personnel, sequela</i>
<i>Y36.211A</i>	<i>War operations involving explosion of aerial bomb, civilian, initial encounter</i>
<i>Y36.211D</i>	<i>War operations involving explosion of aerial bomb, civilian, subsequent encounter</i>
<i>Y36.211S</i>	<i>War operations involving explosion of aerial bomb, civilian, sequela</i>
<i>Y36.220A</i>	<i>War operations involving explosion of guided missile, military personnel, initial encounter</i>
<i>Y36.220D</i>	<i>War operations involving explosion of guided missile, military personnel, subsequent encounter</i>
<i>Y36.220S</i>	<i>War operations involving explosion of guided missile, military personnel, sequela</i>
<i>Y36.221A</i>	<i>War operations involving explosion of guided missile, civilian, initial encounter</i>
<i>Y36.221D</i>	<i>War operations involving explosion of guided missile, civilian, subsequent encounter</i>
<i>Y36.221S</i>	<i>War operations involving explosion of guided missile, civilian, sequela</i>
<i>Y36.230A</i>	<i>War operations involving explosion of improvised explosive device [IED], military personnel, initial encounter</i>
<i>Y36.230D</i>	<i>War operations involving explosion of improvised explosive device [IED], military personnel, subsequent encounter</i>
<i>Y36.230S</i>	<i>War operations involving explosion of improvised explosive device [IED], military personnel, sequela</i>
<i>Y36.231A</i>	<i>War operations involving explosion of improvised explosive device [IED], civilian, initial encounter</i>
<i>Y36.231D</i>	<i>War operations involving explosion of improvised explosive device [IED], civilian, subsequent encounter</i>
<i>Y36.231S</i>	<i>War operations involving explosion of improvised explosive device [IED], civilian, sequela</i>
<i>Y36.240A</i>	<i>War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter</i>
<i>Y36.240D</i>	<i>War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter</i>
<i>Y36.240S</i>	<i>War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela</i>
<i>Y36.241A</i>	<i>War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter</i>
<i>Y36.241D</i>	<i>War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
Y36.241S	<i>War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela</i>
Y36.250A	<i>War operations involving fragments from munitions, military personnel, initial encounter</i>
Y36.250D	<i>War operations involving fragments from munitions, military personnel, subsequent encounter</i>
Y36.250S	<i>War operations involving fragments from munitions, military personnel, sequela</i>
Y36.251A	<i>War operations involving fragments from munitions, civilian, initial encounter</i>
Y36.251D	<i>War operations involving fragments from munitions, civilian, subsequent encounter</i>
Y36.251S	<i>War operations involving fragments from munitions, civilian, sequela</i>
Y36.260A	<i>War operations involving fragments of improvised explosive device [IED], military personnel, initial encounter</i>
Y36.260D	<i>War operations involving fragments of improvised explosive device [IED], military personnel, subsequent encounter</i>
Y36.260S	<i>War operations involving fragments of improvised explosive device [IED], military personnel, sequela</i>
Y36.261A	<i>War operations involving fragments of improvised explosive device [IED], civilian, initial encounter</i>
Y36.261D	<i>War operations involving fragments of improvised explosive device [IED], civilian, subsequent encounter</i>
Y36.261S	<i>War operations involving fragments of improvised explosive device [IED], civilian, sequela</i>
Y36.270A	<i>War operations involving fragments from weapons, military personnel, initial encounter</i>
Y36.270D	<i>War operations involving fragments from weapons, military personnel, subsequent encounter</i>
Y36.270S	<i>War operations involving fragments from weapons, military personnel, sequela</i>
Y36.271A	<i>War operations involving fragments from weapons, civilian, initial encounter</i>
Y36.271D	<i>War operations involving fragments from weapons, civilian, subsequent encounter</i>
Y36.271S	<i>War operations involving fragments from weapons, civilian, sequela</i>
Y36.290A	<i>War operations involving other explosions and fragments, military personnel, initial encounter</i>
Y36.290D	<i>War operations involving other explosions and fragments, military personnel, subsequent encounter</i>
Y36.290S	<i>War operations involving other explosions and fragments, military personnel, sequela</i>
Y36.291A	<i>War operations involving other explosions and fragments, civilian, initial encounter</i>
Y36.291D	<i>War operations involving other explosions and fragments, civilian, subsequent encounter</i>
Y36.291S	<i>War operations involving other explosions and fragments, civilian, sequela</i>
Y36.300A	<i>War operations involving unspecified fire, conflagration and hot substance, military personnel, initial encounter</i>
Y36.300D	<i>War operations involving unspecified fire, conflagration and hot substance, military personnel, subsequent encounter</i>
Y36.300S	<i>War operations involving unspecified fire, conflagration and hot substance, military personnel, sequela</i>
Y36.301A	<i>War operations involving unspecified fire, conflagration and hot substance, civilian, initial encounter</i>
Y36.301D	<i>War operations involving unspecified fire, conflagration and hot substance, civilian, subsequent encounter</i>
Y36.301S	<i>War operations involving unspecified fire, conflagration and hot substance, civilian, sequela</i>

DY Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>Y36.310A</i>	<i>War operations involving gasoline bomb, military personnel, initial encounter</i>
<i>Y36.310D</i>	<i>War operations involving gasoline bomb, military personnel, subsequent encounter</i>
<i>Y36.310S</i>	<i>War operations involving gasoline bomb, military personnel, sequela</i>
<i>Y36.311A</i>	<i>War operations involving gasoline bomb, civilian, initial encounter</i>
<i>Y36.311D</i>	<i>War operations involving gasoline bomb, civilian, subsequent encounter</i>
<i>Y36.311S</i>	<i>War operations involving gasoline bomb, civilian, sequela</i>
<i>Y36.320A</i>	<i>War operations involving incendiary bullet, military personnel, initial encounter</i>
<i>Y36.320D</i>	<i>War operations involving incendiary bullet, military personnel, subsequent encounter</i>
<i>Y36.320S</i>	<i>War operations involving incendiary bullet, military personnel, sequela</i>
<i>Y36.321A</i>	<i>War operations involving incendiary bullet, civilian, initial encounter</i>
<i>Y36.321D</i>	<i>War operations involving incendiary bullet, civilian, subsequent encounter</i>
<i>Y36.321S</i>	<i>War operations involving incendiary bullet, civilian, sequela</i>
<i>Y36.330A</i>	<i>War operations involving flamethrower, military personnel, initial encounter</i>
<i>Y36.330D</i>	<i>War operations involving flamethrower, military personnel, subsequent encounter</i>
<i>Y36.330S</i>	<i>War operations involving flamethrower, military personnel, sequela</i>
<i>Y36.331A</i>	<i>War operations involving flamethrower, civilian, initial encounter</i>
<i>Y36.331D</i>	<i>War operations involving flamethrower, civilian, subsequent encounter</i>
<i>Y36.331S</i>	<i>War operations involving flamethrower, civilian, sequela</i>
<i>Y36.390A</i>	<i>War operations involving other fires, conflagrations and hot substances, military personnel, initial encounter</i>
<i>Y36.390D</i>	<i>War operations involving other fires, conflagrations and hot substances, military personnel, subsequent encounter</i>
<i>Y36.390S</i>	<i>War operations involving other fires, conflagrations and hot substances, military personnel, sequela</i>
<i>Y36.391A</i>	<i>War operations involving other fires, conflagrations and hot substances, civilian, initial encounter</i>
<i>Y36.391D</i>	<i>War operations involving other fires, conflagrations and hot substances, civilian, subsequent encounter</i>
<i>Y36.391S</i>	<i>War operations involving other fires, conflagrations and hot substances, civilian, sequela</i>
<i>Y36.410A</i>	<i>War operations involving rubber bullets, military personnel, initial encounter</i>
<i>Y36.410D</i>	<i>War operations involving rubber bullets, military personnel, subsequent encounter</i>
<i>Y36.410S</i>	<i>War operations involving rubber bullets, military personnel, sequela</i>
<i>Y36.411A</i>	<i>War operations involving rubber bullets, civilian, initial encounter</i>
<i>Y36.411D</i>	<i>War operations involving rubber bullets, civilian, subsequent encounter</i>
<i>Y36.411S</i>	<i>War operations involving rubber bullets, civilian, sequela</i>
<i>Y36.420A</i>	<i>War operations involving firearms pellets, military personnel, initial encounter</i>
<i>Y36.420D</i>	<i>War operations involving firearms pellets, military personnel, subsequent encounter</i>
<i>Y36.420S</i>	<i>War operations involving firearms pellets, military personnel, sequela</i>
<i>Y36.421A</i>	<i>War operations involving firearms pellets, civilian, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y36.421D</i>	<i>War operations involving firearms pellets, civilian, subsequent encounter</i>
<i>Y36.421S</i>	<i>War operations involving firearms pellets, civilian, sequela</i>
<i>Y36.430A</i>	<i>War operations involving other firearms discharge, military personnel, initial encounter</i>
<i>Y36.430D</i>	<i>War operations involving other firearms discharge, military personnel, subsequent encounter</i>
<i>Y36.430S</i>	<i>War operations involving other firearms discharge, military personnel, sequela</i>
<i>Y36.431A</i>	<i>War operations involving other firearms discharge, civilian, initial encounter</i>
<i>Y36.431D</i>	<i>War operations involving other firearms discharge, civilian, subsequent encounter</i>
<i>Y36.431S</i>	<i>War operations involving other firearms discharge, civilian, sequela</i>
<i>Y36.440A</i>	<i>War operations involving unarmed hand to hand combat, military personnel, initial encounter</i>
<i>Y36.440D</i>	<i>War operations involving unarmed hand to hand combat, military personnel, subsequent encounter</i>
<i>Y36.440S</i>	<i>War operations involving unarmed hand to hand combat, military personnel, sequela</i>
<i>Y36.441A</i>	<i>War operations involving unarmed hand to hand combat, civilian, initial encounter</i>
<i>Y36.441D</i>	<i>War operations involving unarmed hand to hand combat, civilian, subsequent encounter</i>
<i>Y36.441S</i>	<i>War operations involving unarmed hand to hand combat, civilian, sequela</i>
<i>Y36.450A</i>	<i>War operations involving combat using blunt or piercing object, military personnel, initial encounter</i>
<i>Y36.450D</i>	<i>War operations involving combat using blunt or piercing object, military personnel, subsequent encounter</i>
<i>Y36.450S</i>	<i>War operations involving combat using blunt or piercing object, military personnel, sequela</i>
<i>Y36.451A</i>	<i>War operations involving combat using blunt or piercing object, civilian, initial encounter</i>
<i>Y36.451D</i>	<i>War operations involving combat using blunt or piercing object, civilian, subsequent encounter</i>
<i>Y36.451S</i>	<i>War operations involving combat using blunt or piercing object, civilian, sequela</i>
<i>Y36.460A</i>	<i>War operations involving intentional restriction of air and airway, military personnel, initial encounter</i>
<i>Y36.460D</i>	<i>War operations involving intentional restriction of air and airway, military personnel, subsequent encounter</i>
<i>Y36.460S</i>	<i>War operations involving intentional restriction of air and airway, military personnel, sequela</i>
<i>Y36.461A</i>	<i>War operations involving intentional restriction of air and airway, civilian, initial encounter</i>
<i>Y36.461D</i>	<i>War operations involving intentional restriction of air and airway, civilian, subsequent encounter</i>
<i>Y36.461S</i>	<i>War operations involving intentional restriction of air and airway, civilian, sequela</i>
<i>Y36.470A</i>	<i>War operations involving unintentional restriction of air and airway, military personnel, initial encounter</i>
<i>Y36.470D</i>	<i>War operations involving unintentional restriction of air and airway, military personnel, subsequent encounter</i>
<i>Y36.470S</i>	<i>War operations involving unintentional restriction of air and airway, military personnel, sequela</i>
<i>Y36.471A</i>	<i>War operations involving unintentional restriction of air and airway, civilian, initial encounter</i>
<i>Y36.471D</i>	<i>War operations involving unintentional restriction of air and airway, civilian, subsequent encounter</i>
<i>Y36.471S</i>	<i>War operations involving unintentional restriction of air and airway, civilian, sequela</i>
<i>Y36.490A</i>	<i>War operations involving other forms of conventional warfare, military personnel, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y36.490D</i>	<i>War operations involving other forms of conventional warfare, military personnel, subsequent encounter</i>
<i>Y36.490S</i>	<i>War operations involving other forms of conventional warfare, military personnel, sequela</i>
<i>Y36.491A</i>	<i>War operations involving other forms of conventional warfare, civilian, initial encounter</i>
<i>Y36.491D</i>	<i>War operations involving other forms of conventional warfare, civilian, subsequent encounter</i>
<i>Y36.491S</i>	<i>War operations involving other forms of conventional warfare, civilian, sequela</i>
<i>Y36.500A</i>	<i>War operations involving unspecified effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y36.500D</i>	<i>War operations involving unspecified effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y36.500S</i>	<i>War operations involving unspecified effect of nuclear weapon, military personnel, sequela</i>
<i>Y36.501A</i>	<i>War operations involving unspecified effect of nuclear weapon, civilian, initial encounter</i>
<i>Y36.501D</i>	<i>War operations involving unspecified effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y36.501S</i>	<i>War operations involving unspecified effect of nuclear weapon, civilian, sequela</i>
<i>Y36.510A</i>	<i>War operations involving direct blast effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y36.510D</i>	<i>War operations involving direct blast effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y36.510S</i>	<i>War operations involving direct blast effect of nuclear weapon, military personnel, sequela</i>
<i>Y36.511A</i>	<i>War operations involving direct blast effect of nuclear weapon, civilian, initial encounter</i>
<i>Y36.511D</i>	<i>War operations involving direct blast effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y36.511S</i>	<i>War operations involving direct blast effect of nuclear weapon, civilian, sequela</i>
<i>Y36.520A</i>	<i>War operations involving indirect blast effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y36.520D</i>	<i>War operations involving indirect blast effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y36.520S</i>	<i>War operations involving indirect blast effect of nuclear weapon, military personnel, sequela</i>
<i>Y36.521A</i>	<i>War operations involving indirect blast effect of nuclear weapon, civilian, initial encounter</i>
<i>Y36.521D</i>	<i>War operations involving indirect blast effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y36.521S</i>	<i>War operations involving indirect blast effect of nuclear weapon, civilian, sequela</i>
<i>Y36.530A</i>	<i>War operations involving thermal radiation effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y36.530D</i>	<i>War operations involving thermal radiation effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y36.530S</i>	<i>War operations involving thermal radiation effect of nuclear weapon, military personnel, sequela</i>
<i>Y36.531A</i>	<i>War operations involving thermal radiation effect of nuclear weapon, civilian, initial encounter</i>
<i>Y36.531D</i>	<i>War operations involving thermal radiation effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y36.531S</i>	<i>War operations involving thermal radiation effect of nuclear weapon, civilian, sequela</i>
<i>Y36.540A</i>	<i>War operation involving nuclear radiation effects of nuclear weapon, military personnel, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.540D	<i>War operation involving nuclear radiation effects of nuclear weapon, military personnel, subsequent encounter</i>
Y36.540S	<i>War operation involving nuclear radiation effects of nuclear weapon, military personnel, sequela</i>
Y36.541A	<i>War operation involving nuclear radiation effects of nuclear weapon, civilian, initial encounter</i>
Y36.541D	<i>War operation involving nuclear radiation effects of nuclear weapon, civilian, subsequent encounter</i>
Y36.541S	<i>War operation involving nuclear radiation effects of nuclear weapon, civilian, sequela</i>
Y36.590A	<i>War operation involving other effects of nuclear weapons, military personnel, initial encounter</i>
Y36.590D	<i>War operation involving other effects of nuclear weapons, military personnel, subsequent encounter</i>
Y36.590S	<i>War operation involving other effects of nuclear weapons, military personnel, sequela</i>
Y36.591A	<i>War operation involving other effects of nuclear weapons, civilian, initial encounter</i>
Y36.591D	<i>War operation involving other effects of nuclear weapons, civilian, subsequent encounter</i>
Y36.591S	<i>War operation involving other effects of nuclear weapons, civilian, sequela</i>
Y36.6X0A	<i>War operations involving biological weapons, military personnel, initial encounter</i>
Y36.6X0D	<i>War operations involving biological weapons, military personnel, subsequent encounter</i>
Y36.6X0S	<i>War operations involving biological weapons, military personnel, sequela</i>
Y36.6X1A	<i>War operations involving biological weapons, civilian, initial encounter</i>
Y36.6X1D	<i>War operations involving biological weapons, civilian, subsequent encounter</i>
Y36.6X1S	<i>War operations involving biological weapons, civilian, sequela</i>
Y36.7X0A	<i>War operations involving chemical weapons and other forms of unconventional warfare, military personnel, initial encounter</i>
Y36.7X0D	<i>War operations involving chemical weapons and other forms of unconventional warfare, military personnel, subsequent encounter</i>
Y36.7X0S	<i>War operations involving chemical weapons and other forms of unconventional warfare, military personnel, sequela</i>
Y36.7X1A	<i>War operations involving chemical weapons and other forms of unconventional warfare, civilian, initial encounter</i>
Y36.7X1D	<i>War operations involving chemical weapons and other forms of unconventional warfare, civilian, subsequent encounter</i>
Y36.7X1S	<i>War operations involving chemical weapons and other forms of unconventional warfare, civilian, sequela</i>
Y36.810A	<i>Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, initial encounter</i>
Y36.810D	<i>Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, subsequent encounter</i>
Y36.810S	<i>Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, sequela</i>
Y36.811A	<i>Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, initial encounter</i>
Y36.811D	<i>Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.811S	<i>Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, sequela</i>
Y36.820A	<i>Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, initial encounter</i>
Y36.820D	<i>Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, subsequent encounter</i>
Y36.820S	<i>Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, sequela</i>
Y36.821A	<i>Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, initial encounter</i>
Y36.821D	<i>Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, subsequent encounter</i>
Y36.821S	<i>Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, sequela</i>
Y36.880A	<i>Other war operations occurring after cessation of hostilities, military personnel, initial encounter</i>
Y36.880D	<i>Other war operations occurring after cessation of hostilities, military personnel, subsequent encounter</i>
Y36.880S	<i>Other war operations occurring after cessation of hostilities, military personnel, sequela</i>
Y36.881A	<i>Other war operations occurring after cessation of hostilities, civilian, initial encounter</i>
Y36.881D	<i>Other war operations occurring after cessation of hostilities, civilian, subsequent encounter</i>
Y36.881S	<i>Other war operations occurring after cessation of hostilities, civilian, sequela</i>
Y36.890A	<i>Unspecified war operations occurring after cessation of hostilities, military personnel, initial encounter</i>
Y36.890D	<i>Unspecified war operations occurring after cessation of hostilities, military personnel, subsequent encounter</i>
Y36.890S	<i>Unspecified war operations occurring after cessation of hostilities, military personnel, sequela</i>
Y36.891A	<i>Unspecified war operations occurring after cessation of hostilities, civilian, initial encounter</i>
Y36.891D	<i>Unspecified war operations occurring after cessation of hostilities, civilian, subsequent encounter</i>
Y36.891S	<i>Unspecified war operations occurring after cessation of hostilities, civilian, sequela</i>
Y36.90XA	<i>War operations, unspecified, initial encounter</i>
Y36.90XD	<i>War operations, unspecified, subsequent encounter</i>
Y36.90XS	<i>War operations, unspecified, sequela</i>
Y36.91XA	<i>War operations involving unspecified weapon of mass destruction [WMD], initial encounter</i>
Y36.91XD	<i>War operations involving unspecified weapon of mass destruction [WMD], subsequent encounter</i>
Y36.91XS	<i>War operations involving unspecified weapon of mass destruction [WMD], sequela</i>
Y36.92XA	<i>War operations involving friendly fire, initial encounter</i>
Y36.92XD	<i>War operations involving friendly fire, subsequent encounter</i>
Y36.92XS	<i>War operations involving friendly fire, sequela</i>
Y37.000A	<i>Military operations involving explosion of unspecified marine weapon, military personnel, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y37.000D</i>	<i>Military operations involving explosion of unspecified marine weapon, military personnel, subsequent encounter</i>
<i>Y37.000S</i>	<i>Military operations involving explosion of unspecified marine weapon, military personnel, sequela</i>
<i>Y37.001A</i>	<i>Military operations involving explosion of unspecified marine weapon, civilian, initial encounter</i>
<i>Y37.001D</i>	<i>Military operations involving explosion of unspecified marine weapon, civilian, subsequent encounter</i>
<i>Y37.001S</i>	<i>Military operations involving explosion of unspecified marine weapon, civilian, sequela</i>
<i>Y37.010A</i>	<i>Military operations involving explosion of depth-charge, military personnel, initial encounter</i>
<i>Y37.010D</i>	<i>Military operations involving explosion of depth-charge, military personnel, subsequent encounter</i>
<i>Y37.010S</i>	<i>Military operations involving explosion of depth-charge, military personnel, sequela</i>
<i>Y37.011A</i>	<i>Military operations involving explosion of depth-charge, civilian, initial encounter</i>
<i>Y37.011D</i>	<i>Military operations involving explosion of depth-charge, civilian, subsequent encounter</i>
<i>Y37.011S</i>	<i>Military operations involving explosion of depth-charge, civilian, sequela</i>
<i>Y37.020A</i>	<i>Military operations involving explosion of marine mine, military personnel, initial encounter</i>
<i>Y37.020D</i>	<i>Military operations involving explosion of marine mine, military personnel, subsequent encounter</i>
<i>Y37.020S</i>	<i>Military operations involving explosion of marine mine, military personnel, sequela</i>
<i>Y37.021A</i>	<i>Military operations involving explosion of marine mine, civilian, initial encounter</i>
<i>Y37.021D</i>	<i>Military operations involving explosion of marine mine, civilian, subsequent encounter</i>
<i>Y37.021S</i>	<i>Military operations involving explosion of marine mine, civilian, sequela</i>
<i>Y37.030A</i>	<i>Military operations involving explosion of sea-based artillery shell, military personnel, initial encounter</i>
<i>Y37.030D</i>	<i>Military operations involving explosion of sea-based artillery shell, military personnel, subsequent encounter</i>
<i>Y37.030S</i>	<i>Military operations involving explosion of sea-based artillery shell, military personnel, sequela</i>
<i>Y37.031A</i>	<i>Military operations involving explosion of sea-based artillery shell, civilian, initial encounter</i>
<i>Y37.031D</i>	<i>Military operations involving explosion of sea-based artillery shell, civilian, subsequent encounter</i>
<i>Y37.031S</i>	<i>Military operations involving explosion of sea-based artillery shell, civilian, sequela</i>
<i>Y37.040A</i>	<i>Military operations involving explosion of torpedo, military personnel, initial encounter</i>
<i>Y37.040D</i>	<i>Military operations involving explosion of torpedo, military personnel, subsequent encounter</i>
<i>Y37.040S</i>	<i>Military operations involving explosion of torpedo, military personnel, sequela</i>
<i>Y37.041A</i>	<i>Military operations involving explosion of torpedo, civilian, initial encounter</i>
<i>Y37.041D</i>	<i>Military operations involving explosion of torpedo, civilian, subsequent encounter</i>
<i>Y37.041S</i>	<i>Military operations involving explosion of torpedo, civilian, sequela</i>
<i>Y37.050A</i>	<i>Military operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter</i>
<i>Y37.050D</i>	<i>Military operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter</i>
<i>Y37.050S</i>	<i>Military operations involving accidental detonation of onboard marine weapons, military personnel, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>Y37.051A</i>	<i>Military operations involving accidental detonation of onboard marine weapons, civilian, initial encounter</i>
<i>Y37.051D</i>	<i>Military operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter</i>
<i>Y37.051S</i>	<i>Military operations involving accidental detonation of onboard marine weapons, civilian, sequela</i>
<i>Y37.090A</i>	<i>Military operations involving explosion of other marine weapons, military personnel, initial encounter</i>
<i>Y37.090D</i>	<i>Military operations involving explosion of other marine weapons, military personnel, subsequent encounter</i>
<i>Y37.090S</i>	<i>Military operations involving explosion of other marine weapons, military personnel, sequela</i>
<i>Y37.091A</i>	<i>Military operations involving explosion of other marine weapons, civilian, initial encounter</i>
<i>Y37.091D</i>	<i>Military operations involving explosion of other marine weapons, civilian, subsequent encounter</i>
<i>Y37.091S</i>	<i>Military operations involving explosion of other marine weapons, civilian, sequela</i>
<i>Y37.100A</i>	<i>Military operations involving unspecified destruction of aircraft, military personnel, initial encounter</i>
<i>Y37.100D</i>	<i>Military operations involving unspecified destruction of aircraft, military personnel, subsequent encounter</i>
<i>Y37.100S</i>	<i>Military operations involving unspecified destruction of aircraft, military personnel, sequela</i>
<i>Y37.101A</i>	<i>Military operations involving unspecified destruction of aircraft, civilian, initial encounter</i>
<i>Y37.101D</i>	<i>Military operations involving unspecified destruction of aircraft, civilian, subsequent encounter</i>
<i>Y37.101S</i>	<i>Military operations involving unspecified destruction of aircraft, civilian, sequela</i>
<i>Y37.110A</i>	<i>Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, initial encounter</i>
<i>Y37.110D</i>	<i>Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, subsequent encounter</i>
<i>Y37.110S</i>	<i>Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, sequela</i>
<i>Y37.111A</i>	<i>Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, initial encounter</i>
<i>Y37.111D</i>	<i>Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, subsequent encounter</i>
<i>Y37.111S</i>	<i>Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, sequela</i>
<i>Y37.120A</i>	<i>Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, initial encounter</i>
<i>Y37.120D</i>	<i>Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, subsequent encounter</i>
<i>Y37.120S</i>	<i>Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, sequela</i>
<i>Y37.121A</i>	<i>Military operations involving destruction of aircraft due to collision with other aircraft, civilian, initial encounter</i>
<i>Y37.121D</i>	<i>Military operations involving destruction of aircraft due to collision with other aircraft, civilian, subsequent encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y37.121S</i>	<i>Military operations involving destruction of aircraft due to collision with other aircraft, civilian, sequela</i>
<i>Y37.130A</i>	<i>Military operations involving destruction of aircraft due to onboard fire, military personnel, initial encounter</i>
<i>Y37.130D</i>	<i>Military operations involving destruction of aircraft due to onboard fire, military personnel, subsequent encounter</i>
<i>Y37.130S</i>	<i>Military operations involving destruction of aircraft due to onboard fire, military personnel, sequela</i>
<i>Y37.131A</i>	<i>Military operations involving destruction of aircraft due to onboard fire, civilian, initial encounter</i>
<i>Y37.131D</i>	<i>Military operations involving destruction of aircraft due to onboard fire, civilian, subsequent encounter</i>
<i>Y37.131S</i>	<i>Military operations involving destruction of aircraft due to onboard fire, civilian, sequela</i>
<i>Y37.140A</i>	<i>Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter</i>
<i>Y37.140D</i>	<i>Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter</i>
<i>Y37.140S</i>	<i>Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela</i>
<i>Y37.141A</i>	<i>Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter</i>
<i>Y37.141D</i>	<i>Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter</i>
<i>Y37.141S</i>	<i>Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela</i>
<i>Y37.190A</i>	<i>Military operations involving other destruction of aircraft, military personnel, initial encounter</i>
<i>Y37.190D</i>	<i>Military operations involving other destruction of aircraft, military personnel, subsequent encounter</i>
<i>Y37.190S</i>	<i>Military operations involving other destruction of aircraft, military personnel, sequela</i>
<i>Y37.191A</i>	<i>Military operations involving other destruction of aircraft, civilian, initial encounter</i>
<i>Y37.191D</i>	<i>Military operations involving other destruction of aircraft, civilian, subsequent encounter</i>
<i>Y37.191S</i>	<i>Military operations involving other destruction of aircraft, civilian, sequela</i>
<i>Y37.200A</i>	<i>Military operations involving unspecified explosion and fragments, military personnel, initial encounter</i>
<i>Y37.200D</i>	<i>Military operations involving unspecified explosion and fragments, military personnel, subsequent encounter</i>
<i>Y37.200S</i>	<i>Military operations involving unspecified explosion and fragments, military personnel, sequela</i>
<i>Y37.201A</i>	<i>Military operations involving unspecified explosion and fragments, civilian, initial encounter</i>
<i>Y37.201D</i>	<i>Military operations involving unspecified explosion and fragments, civilian, subsequent encounter</i>
<i>Y37.201S</i>	<i>Military operations involving unspecified explosion and fragments, civilian, sequela</i>
<i>Y37.210A</i>	<i>Military operations involving explosion of aerial bomb, military personnel, initial encounter</i>
<i>Y37.210D</i>	<i>Military operations involving explosion of aerial bomb, military personnel, subsequent encounter</i>
<i>Y37.210S</i>	<i>Military operations involving explosion of aerial bomb, military personnel, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y37.211A</i>	<i>Military operations involving explosion of aerial bomb, civilian, initial encounter</i>
<i>Y37.211D</i>	<i>Military operations involving explosion of aerial bomb, civilian, subsequent encounter</i>
<i>Y37.211S</i>	<i>Military operations involving explosion of aerial bomb, civilian, sequela</i>
<i>Y37.220A</i>	<i>Military operations involving explosion of guided missile, military personnel, initial encounter</i>
<i>Y37.220D</i>	<i>Military operations involving explosion of guided missile, military personnel, subsequent encounter</i>
<i>Y37.220S</i>	<i>Military operations involving explosion of guided missile, military personnel, sequela</i>
<i>Y37.221A</i>	<i>Military operations involving explosion of guided missile, civilian, initial encounter</i>
<i>Y37.221D</i>	<i>Military operations involving explosion of guided missile, civilian, subsequent encounter</i>
<i>Y37.221S</i>	<i>Military operations involving explosion of guided missile, civilian, sequela</i>
<i>Y37.230A</i>	<i>Military operations involving explosion of improvised explosive device [IED], military personnel, initial encounter</i>
<i>Y37.230D</i>	<i>Military operations involving explosion of improvised explosive device [IED], military personnel, subsequent encounter</i>
<i>Y37.230S</i>	<i>Military operations involving explosion of improvised explosive device [IED], military personnel, sequela</i>
<i>Y37.231A</i>	<i>Military operations involving explosion of improvised explosive device [IED], civilian, initial encounter</i>
<i>Y37.231D</i>	<i>Military operations involving explosion of improvised explosive device [IED], civilian, subsequent encounter</i>
<i>Y37.231S</i>	<i>Military operations involving explosion of improvised explosive device [IED], civilian, sequela</i>
<i>Y37.240A</i>	<i>Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter</i>
<i>Y37.240D</i>	<i>Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter</i>
<i>Y37.240S</i>	<i>Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela</i>
<i>Y37.241A</i>	<i>Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter</i>
<i>Y37.241D</i>	<i>Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter</i>
<i>Y37.241S</i>	<i>Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela</i>
<i>Y37.250A</i>	<i>Military operations involving fragments from munitions, military personnel, initial encounter</i>
<i>Y37.250D</i>	<i>Military operations involving fragments from munitions, military personnel, subsequent encounter</i>
<i>Y37.250S</i>	<i>Military operations involving fragments from munitions, military personnel, sequela</i>
<i>Y37.251A</i>	<i>Military operations involving fragments from munitions, civilian, initial encounter</i>
<i>Y37.251D</i>	<i>Military operations involving fragments from munitions, civilian, subsequent encounter</i>
<i>Y37.251S</i>	<i>Military operations involving fragments from munitions, civilian, sequela</i>
<i>Y37.260A</i>	<i>Military operations involving fragments of improvised explosive device [IED], military personnel, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y37.260D</i>	<i>Military operations involving fragments of improvised explosive device [IED], military personnel, subsequent encounter</i>
<i>Y37.260S</i>	<i>Military operations involving fragments of improvised explosive device [IED], military personnel, sequela</i>
<i>Y37.261A</i>	<i>Military operations involving fragments of improvised explosive device [IED], civilian, initial encounter</i>
<i>Y37.261D</i>	<i>Military operations involving fragments of improvised explosive device [IED], civilian, subsequent encounter</i>
<i>Y37.261S</i>	<i>Military operations involving fragments of improvised explosive device [IED], civilian, sequela</i>
<i>Y37.270A</i>	<i>Military operations involving fragments from weapons, military personnel, initial encounter</i>
<i>Y37.270D</i>	<i>Military operations involving fragments from weapons, military personnel, subsequent encounter</i>
<i>Y37.270S</i>	<i>Military operations involving fragments from weapons, military personnel, sequela</i>
<i>Y37.271A</i>	<i>Military operations involving fragments from weapons, civilian, initial encounter</i>
<i>Y37.271D</i>	<i>Military operations involving fragments from weapons, civilian, subsequent encounter</i>
<i>Y37.271S</i>	<i>Military operations involving fragments from weapons, civilian, sequela</i>
<i>Y37.290A</i>	<i>Military operations involving other explosions and fragments, military personnel, initial encounter</i>
<i>Y37.290D</i>	<i>Military operations involving other explosions and fragments, military personnel, subsequent encounter</i>
<i>Y37.290S</i>	<i>Military operations involving other explosions and fragments, military personnel, sequela</i>
<i>Y37.291A</i>	<i>Military operations involving other explosions and fragments, civilian, initial encounter</i>
<i>Y37.291D</i>	<i>Military operations involving other explosions and fragments, civilian, subsequent encounter</i>
<i>Y37.291S</i>	<i>Military operations involving other explosions and fragments, civilian, sequela</i>
<i>Y37.300A</i>	<i>Military operations involving unspecified fire, conflagration and hot substance, military personnel, initial encounter</i>
<i>Y37.300D</i>	<i>Military operations involving unspecified fire, conflagration and hot substance, military personnel, subsequent encounter</i>
<i>Y37.300S</i>	<i>Military operations involving unspecified fire, conflagration and hot substance, military personnel, sequela</i>
<i>Y37.301A</i>	<i>Military operations involving unspecified fire, conflagration and hot substance, civilian, initial encounter</i>
<i>Y37.301D</i>	<i>Military operations involving unspecified fire, conflagration and hot substance, civilian, subsequent encounter</i>
<i>Y37.301S</i>	<i>Military operations involving unspecified fire, conflagration and hot substance, civilian, sequela</i>
<i>Y37.310A</i>	<i>Military operations involving gasoline bomb, military personnel, initial encounter</i>
<i>Y37.310D</i>	<i>Military operations involving gasoline bomb, military personnel, subsequent encounter</i>
<i>Y37.310S</i>	<i>Military operations involving gasoline bomb, military personnel, sequela</i>
<i>Y37.311A</i>	<i>Military operations involving gasoline bomb, civilian, initial encounter</i>
<i>Y37.311D</i>	<i>Military operations involving gasoline bomb, civilian, subsequent encounter</i>
<i>Y37.311S</i>	<i>Military operations involving gasoline bomb, civilian, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>Y37.320A</i>	<i>Military operations involving incendiary bullet, military personnel, initial encounter</i>
<i>Y37.320D</i>	<i>Military operations involving incendiary bullet, military personnel, subsequent encounter</i>
<i>Y37.320S</i>	<i>Military operations involving incendiary bullet, military personnel, sequela</i>
<i>Y37.321A</i>	<i>Military operations involving incendiary bullet, civilian, initial encounter</i>
<i>Y37.321D</i>	<i>Military operations involving incendiary bullet, civilian, subsequent encounter</i>
<i>Y37.321S</i>	<i>Military operations involving incendiary bullet, civilian, sequela</i>
<i>Y37.330A</i>	<i>Military operations involving flamethrower, military personnel, initial encounter</i>
<i>Y37.330D</i>	<i>Military operations involving flamethrower, military personnel, subsequent encounter</i>
<i>Y37.330S</i>	<i>Military operations involving flamethrower, military personnel, sequela</i>
<i>Y37.331A</i>	<i>Military operations involving flamethrower, civilian, initial encounter</i>
<i>Y37.331D</i>	<i>Military operations involving flamethrower, civilian, subsequent encounter</i>
<i>Y37.331S</i>	<i>Military operations involving flamethrower, civilian, sequela</i>
<i>Y37.390A</i>	<i>Military operations involving other fires, conflagrations and hot substances, military personnel, initial encounter</i>
<i>Y37.390D</i>	<i>Military operations involving other fires, conflagrations and hot substances, military personnel, subsequent encounter</i>
<i>Y37.390S</i>	<i>Military operations involving other fires, conflagrations and hot substances, military personnel, sequela</i>
<i>Y37.391A</i>	<i>Military operations involving other fires, conflagrations and hot substances, civilian, initial encounter</i>
<i>Y37.391D</i>	<i>Military operations involving other fires, conflagrations and hot substances, civilian, subsequent encounter</i>
<i>Y37.391S</i>	<i>Military operations involving other fires, conflagrations and hot substances, civilian, sequela</i>
<i>Y37.410A</i>	<i>Military operations involving rubber bullets, military personnel, initial encounter</i>
<i>Y37.410D</i>	<i>Military operations involving rubber bullets, military personnel, subsequent encounter</i>
<i>Y37.410S</i>	<i>Military operations involving rubber bullets, military personnel, sequela</i>
<i>Y37.411A</i>	<i>Military operations involving rubber bullets, civilian, initial encounter</i>
<i>Y37.411D</i>	<i>Military operations involving rubber bullets, civilian, subsequent encounter</i>
<i>Y37.411S</i>	<i>Military operations involving rubber bullets, civilian, sequela</i>
<i>Y37.420A</i>	<i>Military operations involving firearms pellets, military personnel, initial encounter</i>
<i>Y37.420D</i>	<i>Military operations involving firearms pellets, military personnel, subsequent encounter</i>
<i>Y37.420S</i>	<i>Military operations involving firearms pellets, military personnel, sequela</i>
<i>Y37.421A</i>	<i>Military operations involving firearms pellets, civilian, initial encounter</i>
<i>Y37.421D</i>	<i>Military operations involving firearms pellets, civilian, subsequent encounter</i>
<i>Y37.421S</i>	<i>Military operations involving firearms pellets, civilian, sequela</i>
<i>Y37.430A</i>	<i>Military operations involving other firearms discharge, military personnel, initial encounter</i>
<i>Y37.430D</i>	<i>Military operations involving other firearms discharge, military personnel, subsequent encounter</i>
<i>Y37.430S</i>	<i>Military operations involving other firearms discharge, military personnel, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y37.431A</i>	<i>Military operations involving other firearms discharge, civilian, initial encounter</i>
<i>Y37.431D</i>	<i>Military operations involving other firearms discharge, civilian, subsequent encounter</i>
<i>Y37.431S</i>	<i>Military operations involving other firearms discharge, civilian, sequela</i>
<i>Y37.440A</i>	<i>Military operations involving unarmed hand to hand combat, military personnel, initial encounter</i>
<i>Y37.440D</i>	<i>Military operations involving unarmed hand to hand combat, military personnel, subsequent encounter</i>
<i>Y37.440S</i>	<i>Military operations involving unarmed hand to hand combat, military personnel, sequela</i>
<i>Y37.441A</i>	<i>Military operations involving unarmed hand to hand combat, civilian, initial encounter</i>
<i>Y37.441D</i>	<i>Military operations involving unarmed hand to hand combat, civilian, subsequent encounter</i>
<i>Y37.441S</i>	<i>Military operations involving unarmed hand to hand combat, civilian, sequela</i>
<i>Y37.450A</i>	<i>Military operations involving combat using blunt or piercing object, military personnel, initial encounter</i>
<i>Y37.450D</i>	<i>Military operations involving combat using blunt or piercing object, military personnel, subsequent encounter</i>
<i>Y37.450S</i>	<i>Military operations involving combat using blunt or piercing object, military personnel, sequela</i>
<i>Y37.451A</i>	<i>Military operations involving combat using blunt or piercing object, civilian, initial encounter</i>
<i>Y37.451D</i>	<i>Military operations involving combat using blunt or piercing object, civilian, subsequent encounter</i>
<i>Y37.451S</i>	<i>Military operations involving combat using blunt or piercing object, civilian, sequela</i>
<i>Y37.460A</i>	<i>Military operations involving intentional restriction of air and airway, military personnel, initial encounter</i>
<i>Y37.460D</i>	<i>Military operations involving intentional restriction of air and airway, military personnel, subsequent encounter</i>
<i>Y37.460S</i>	<i>Military operations involving intentional restriction of air and airway, military personnel, sequela</i>
<i>Y37.461A</i>	<i>Military operations involving intentional restriction of air and airway, civilian, initial encounter</i>
<i>Y37.461D</i>	<i>Military operations involving intentional restriction of air and airway, civilian, subsequent encounter</i>
<i>Y37.461S</i>	<i>Military operations involving intentional restriction of air and airway, civilian, sequela</i>
<i>Y37.470A</i>	<i>Military operations involving unintentional restriction of air and airway, military personnel, initial encounter</i>
<i>Y37.470D</i>	<i>Military operations involving unintentional restriction of air and airway, military personnel, subsequent encounter</i>
<i>Y37.470S</i>	<i>Military operations involving unintentional restriction of air and airway, military personnel, sequela</i>
<i>Y37.471A</i>	<i>Military operations involving unintentional restriction of air and airway, civilian, initial encounter</i>
<i>Y37.471D</i>	<i>Military operations involving unintentional restriction of air and airway, civilian, subsequent encounter</i>
<i>Y37.471S</i>	<i>Military operations involving unintentional restriction of air and airway, civilian, sequela</i>
<i>Y37.490A</i>	<i>Military operations involving other forms of conventional warfare, military personnel, initial encounter</i>
<i>Y37.490D</i>	<i>Military operations involving other forms of conventional warfare, military personnel, subsequent encounter</i>
<i>Y37.490S</i>	<i>Military operations involving other forms of conventional warfare, military personnel, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y37.491A</i>	<i>Military operations involving other forms of conventional warfare, civilian, initial encounter</i>
<i>Y37.491D</i>	<i>Military operations involving other forms of conventional warfare, civilian, subsequent encounter</i>
<i>Y37.491S</i>	<i>Military operations involving other forms of conventional warfare, civilian, sequela</i>
<i>Y37.500A</i>	<i>Military operations involving unspecified effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y37.500D</i>	<i>Military operations involving unspecified effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y37.500S</i>	<i>Military operations involving unspecified effect of nuclear weapon, military personnel, sequela</i>
<i>Y37.501A</i>	<i>Military operations involving unspecified effect of nuclear weapon, civilian, initial encounter</i>
<i>Y37.501D</i>	<i>Military operations involving unspecified effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y37.501S</i>	<i>Military operations involving unspecified effect of nuclear weapon, civilian, sequela</i>
<i>Y37.510A</i>	<i>Military operations involving direct blast effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y37.510D</i>	<i>Military operations involving direct blast effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y37.510S</i>	<i>Military operations involving direct blast effect of nuclear weapon, military personnel, sequela</i>
<i>Y37.511A</i>	<i>Military operations involving direct blast effect of nuclear weapon, civilian, initial encounter</i>
<i>Y37.511D</i>	<i>Military operations involving direct blast effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y37.511S</i>	<i>Military operations involving direct blast effect of nuclear weapon, civilian, sequela</i>
<i>Y37.520A</i>	<i>Military operations involving indirect blast effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y37.520D</i>	<i>Military operations involving indirect blast effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y37.520S</i>	<i>Military operations involving indirect blast effect of nuclear weapon, military personnel, sequela</i>
<i>Y37.521A</i>	<i>Military operations involving indirect blast effect of nuclear weapon, civilian, initial encounter</i>
<i>Y37.521D</i>	<i>Military operations involving indirect blast effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y37.521S</i>	<i>Military operations involving indirect blast effect of nuclear weapon, civilian, sequela</i>
<i>Y37.530A</i>	<i>Military operations involving thermal radiation effect of nuclear weapon, military personnel, initial encounter</i>
<i>Y37.530D</i>	<i>Military operations involving thermal radiation effect of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y37.530S</i>	<i>Military operations involving thermal radiation effect of nuclear weapon, military personnel, sequela</i>
<i>Y37.531A</i>	<i>Military operations involving thermal radiation effect of nuclear weapon, civilian, initial encounter</i>
<i>Y37.531D</i>	<i>Military operations involving thermal radiation effect of nuclear weapon, civilian, subsequent encounter</i>
<i>Y37.531S</i>	<i>Military operations involving thermal radiation effect of nuclear weapon, civilian, sequela</i>
<i>Y37.540A</i>	<i>Military operation involving nuclear radiation effects of nuclear weapon, military personnel, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>Y37.540D</i>	<i>Military operation involving nuclear radiation effects of nuclear weapon, military personnel, subsequent encounter</i>
<i>Y37.540S</i>	<i>Military operation involving nuclear radiation effects of nuclear weapon, military personnel, sequela</i>
<i>Y37.541A</i>	<i>Military operation involving nuclear radiation effects of nuclear weapon, civilian, initial encounter</i>
<i>Y37.541D</i>	<i>Military operation involving nuclear radiation effects of nuclear weapon, civilian, subsequent encounter</i>
<i>Y37.541S</i>	<i>Military operation involving nuclear radiation effects of nuclear weapon, civilian, sequela</i>
<i>Y37.590A</i>	<i>Military operation involving other effects of nuclear weapons, military personnel, initial encounter</i>
<i>Y37.590D</i>	<i>Military operation involving other effects of nuclear weapons, military personnel, subsequent encounter</i>
<i>Y37.590S</i>	<i>Military operation involving other effects of nuclear weapons, military personnel, sequela</i>
<i>Y37.591A</i>	<i>Military operation involving other effects of nuclear weapons, civilian, initial encounter</i>
<i>Y37.591D</i>	<i>Military operation involving other effects of nuclear weapons, civilian, subsequent encounter</i>
<i>Y37.591S</i>	<i>Military operation involving other effects of nuclear weapons, civilian, sequela</i>
<i>Y37.6X0A</i>	<i>Military operations involving biological weapons, military personnel, initial encounter</i>
<i>Y37.6X0D</i>	<i>Military operations involving biological weapons, military personnel, subsequent encounter</i>
<i>Y37.6X0S</i>	<i>Military operations involving biological weapons, military personnel, sequela</i>
<i>Y37.6X1A</i>	<i>Military operations involving biological weapons, civilian, initial encounter</i>
<i>Y37.6X1D</i>	<i>Military operations involving biological weapons, civilian, subsequent encounter</i>
<i>Y37.6X1S</i>	<i>Military operations involving biological weapons, civilian, sequela</i>
<i>Y37.7X0A</i>	<i>Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, initial encounter</i>
<i>Y37.7X0D</i>	<i>Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, subsequent encounter</i>
<i>Y37.7X0S</i>	<i>Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, sequela</i>
<i>Y37.7X1A</i>	<i>Military operations involving chemical weapons and other forms of unconventional warfare, civilian, initial encounter</i>
<i>Y37.7X1D</i>	<i>Military operations involving chemical weapons and other forms of unconventional warfare, civilian, subsequent encounter</i>
<i>Y37.7X1S</i>	<i>Military operations involving chemical weapons and other forms of unconventional warfare, civilian, sequela</i>
<i>Y37.90XA</i>	<i>Military operations, unspecified, initial encounter</i>
<i>Y37.90XD</i>	<i>Military operations, unspecified, subsequent encounter</i>
<i>Y37.90XS</i>	<i>Military operations, unspecified, sequela</i>
<i>Y37.91XA</i>	<i>Military operations involving unspecified weapon of mass destruction [WMD], initial encounter</i>
<i>Y37.91XD</i>	<i>Military operations involving unspecified weapon of mass destruction [WMD], subsequent encounter</i>
<i>Y37.91XS</i>	<i>Military operations involving unspecified weapon of mass destruction [WMD], sequela</i>
<i>Y37.92XA</i>	<i>Military operations involving friendly fire, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y37.92XD</i>	<i>Military operations involving friendly fire, subsequent encounter</i>
<i>Y37.92XS</i>	<i>Military operations involving friendly fire, sequela</i>
<i>Y38.0X1A</i>	<i>Terrorism involving explosion of marine weapons, public safety official injured, initial encounter</i>
<i>Y38.0X1D</i>	<i>Terrorism involving explosion of marine weapons, public safety official injured, subsequent encounter</i>
<i>Y38.0X1S</i>	<i>Terrorism involving explosion of marine weapons, public safety official injured, sequela</i>
<i>Y38.0X2A</i>	<i>Terrorism involving explosion of marine weapons, civilian injured, initial encounter</i>
<i>Y38.0X2D</i>	<i>Terrorism involving explosion of marine weapons, civilian injured, subsequent encounter</i>
<i>Y38.0X2S</i>	<i>Terrorism involving explosion of marine weapons, civilian injured, sequela</i>
<i>Y38.0X3A</i>	<i>Terrorism involving explosion of marine weapons, terrorist injured, initial encounter</i>
<i>Y38.0X3D</i>	<i>Terrorism involving explosion of marine weapons, terrorist injured, subsequent encounter</i>
<i>Y38.0X3S</i>	<i>Terrorism involving explosion of marine weapons, terrorist injured, sequela</i>
<i>Y38.1X1A</i>	<i>Terrorism involving destruction of aircraft, public safety official injured, initial encounter</i>
<i>Y38.1X1D</i>	<i>Terrorism involving destruction of aircraft, public safety official injured, subsequent encounter</i>
<i>Y38.1X1S</i>	<i>Terrorism involving destruction of aircraft, public safety official injured, sequela</i>
<i>Y38.1X2A</i>	<i>Terrorism involving destruction of aircraft, civilian injured, initial encounter</i>
<i>Y38.1X2D</i>	<i>Terrorism involving destruction of aircraft, civilian injured, subsequent encounter</i>
<i>Y38.1X2S</i>	<i>Terrorism involving destruction of aircraft, civilian injured, sequela</i>
<i>Y38.1X3A</i>	<i>Terrorism involving destruction of aircraft, terrorist injured, initial encounter</i>
<i>Y38.1X3D</i>	<i>Terrorism involving destruction of aircraft, terrorist injured, subsequent encounter</i>
<i>Y38.1X3S</i>	<i>Terrorism involving destruction of aircraft, terrorist injured, sequela</i>
<i>Y38.2X1A</i>	<i>Terrorism involving other explosions and fragments, public safety official injured, initial encounter</i>
<i>Y38.2X1D</i>	<i>Terrorism involving other explosions and fragments, public safety official injured, subsequent encounter</i>
<i>Y38.2X1S</i>	<i>Terrorism involving other explosions and fragments, public safety official injured, sequela</i>
<i>Y38.2X2A</i>	<i>Terrorism involving other explosions and fragments, civilian injured, initial encounter</i>
<i>Y38.2X2D</i>	<i>Terrorism involving other explosions and fragments, civilian injured, subsequent encounter</i>
<i>Y38.2X2S</i>	<i>Terrorism involving other explosions and fragments, civilian injured, sequela</i>
<i>Y38.2X3A</i>	<i>Terrorism involving other explosions and fragments, terrorist injured, initial encounter</i>
<i>Y38.2X3D</i>	<i>Terrorism involving other explosions and fragments, terrorist injured, subsequent encounter</i>
<i>Y38.2X3S</i>	<i>Terrorism involving other explosions and fragments, terrorist injured, sequela</i>
<i>Y38.3X1A</i>	<i>Terrorism involving fires, conflagration and hot substances, public safety official injured, initial encounter</i>
<i>Y38.3X1D</i>	<i>Terrorism involving fires, conflagration and hot substances, public safety official injured, subsequent encounter</i>
<i>Y38.3X1S</i>	<i>Terrorism involving fires, conflagration and hot substances, public safety official injured, sequela</i>
<i>Y38.3X2A</i>	<i>Terrorism involving fires, conflagration and hot substances, civilian injured, initial encounter</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
Y38.3X2D	<i>Terrorism involving fires, conflagration and hot substances, civilian injured, subsequent encounter</i>
Y38.3X2S	<i>Terrorism involving fires, conflagration and hot substances, civilian injured, sequela</i>
Y38.3X3A	<i>Terrorism involving fires, conflagration and hot substances, terrorist injured, initial encounter</i>
Y38.3X3D	<i>Terrorism involving fires, conflagration and hot substances, terrorist injured, subsequent encounter</i>
Y38.3X3S	<i>Terrorism involving fires, conflagration and hot substances, terrorist injured, sequela</i>
Y38.4X1A	<i>Terrorism involving firearms, public safety official injured, initial encounter</i>
Y38.4X1D	<i>Terrorism involving firearms, public safety official injured, subsequent encounter</i>
Y38.4X1S	<i>Terrorism involving firearms, public safety official injured, sequela</i>
Y38.4X2A	<i>Terrorism involving firearms, civilian injured, initial encounter</i>
Y38.4X2D	<i>Terrorism involving firearms, civilian injured, subsequent encounter</i>
Y38.4X2S	<i>Terrorism involving firearms, civilian injured, sequela</i>
Y38.4X3A	<i>Terrorism involving firearms, terrorist injured, initial encounter</i>
Y38.4X3D	<i>Terrorism involving firearms, terrorist injured, subsequent encounter</i>
Y38.4X3S	<i>Terrorism involving firearms, terrorist injured, sequela</i>
Y38.5X1A	<i>Terrorism involving nuclear weapons, public safety official injured, initial encounter</i>
Y38.5X1D	<i>Terrorism involving nuclear weapons, public safety official injured, subsequent encounter</i>
Y38.5X1S	<i>Terrorism involving nuclear weapons, public safety official injured, sequela</i>
Y38.5X2A	<i>Terrorism involving nuclear weapons, civilian injured, initial encounter</i>
Y38.5X2D	<i>Terrorism involving nuclear weapons, civilian injured, subsequent encounter</i>
Y38.5X2S	<i>Terrorism involving nuclear weapons, civilian injured, sequela</i>
Y38.5X3A	<i>Terrorism involving nuclear weapons, terrorist injured, initial encounter</i>
Y38.5X3D	<i>Terrorism involving nuclear weapons, terrorist injured, subsequent encounter</i>
Y38.5X3S	<i>Terrorism involving nuclear weapons, terrorist injured, sequela</i>
Y38.6X1A	<i>Terrorism involving biological weapons, public safety official injured, initial encounter</i>
Y38.6X1D	<i>Terrorism involving biological weapons, public safety official injured, subsequent encounter</i>
Y38.6X1S	<i>Terrorism involving biological weapons, public safety official injured, sequela</i>
Y38.6X2A	<i>Terrorism involving biological weapons, civilian injured, initial encounter</i>
Y38.6X2D	<i>Terrorism involving biological weapons, civilian injured, subsequent encounter</i>
Y38.6X2S	<i>Terrorism involving biological weapons, civilian injured, sequela</i>
Y38.6X3A	<i>Terrorism involving biological weapons, terrorist injured, initial encounter</i>
Y38.6X3D	<i>Terrorism involving biological weapons, terrorist injured, subsequent encounter</i>
Y38.6X3S	<i>Terrorism involving biological weapons, terrorist injured, sequela</i>
Y38.7X1A	<i>Terrorism involving chemical weapons, public safety official injured, initial encounter</i>
Y38.7X1D	<i>Terrorism involving chemical weapons, public safety official injured, subsequent encounter</i>
Y38.7X1S	<i>Terrorism involving chemical weapons, public safety official injured, sequela</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y38.7X2A</i>	<i>Terrorism involving chemical weapons, civilian injured, initial encounter</i>
<i>Y38.7X2D</i>	<i>Terrorism involving chemical weapons, civilian injured, subsequent encounter</i>
<i>Y38.7X2S</i>	<i>Terrorism involving chemical weapons, civilian injured, sequela</i>
<i>Y38.7X3A</i>	<i>Terrorism involving chemical weapons, terrorist injured, initial encounter</i>
<i>Y38.7X3D</i>	<i>Terrorism involving chemical weapons, terrorist injured, subsequent encounter</i>
<i>Y38.7X3S</i>	<i>Terrorism involving chemical weapons, terrorist injured, sequela</i>
<i>Y38.80XA</i>	<i>Terrorism involving unspecified means, initial encounter</i>
<i>Y38.80XD</i>	<i>Terrorism involving unspecified means, subsequent encounter</i>
<i>Y38.80XS</i>	<i>Terrorism involving unspecified means, sequela</i>
<i>Y38.811A</i>	<i>Terrorism involving suicide bomber, public safety official injured, initial encounter</i>
<i>Y38.811D</i>	<i>Terrorism involving suicide bomber, public safety official injured, subsequent encounter</i>
<i>Y38.811S</i>	<i>Terrorism involving suicide bomber, public safety official injured, sequela</i>
<i>Y38.812A</i>	<i>Terrorism involving suicide bomber, civilian injured, initial encounter</i>
<i>Y38.812D</i>	<i>Terrorism involving suicide bomber, civilian injured, subsequent encounter</i>
<i>Y38.812S</i>	<i>Terrorism involving suicide bomber, civilian injured, sequela</i>
<i>Y38.891A</i>	<i>Terrorism involving other means, public safety official injured, initial encounter</i>
<i>Y38.891D</i>	<i>Terrorism involving other means, public safety official injured, subsequent encounter</i>
<i>Y38.891S</i>	<i>Terrorism involving other means, public safety official injured, sequela</i>
<i>Y38.892A</i>	<i>Terrorism involving other means, civilian injured, initial encounter</i>
<i>Y38.892D</i>	<i>Terrorism involving other means, civilian injured, subsequent encounter</i>
<i>Y38.892S</i>	<i>Terrorism involving other means, civilian injured, sequela</i>
<i>Y38.893A</i>	<i>Terrorism involving other means, terrorist injured, initial encounter</i>
<i>Y38.893D</i>	<i>Terrorism involving other means, terrorist injured, subsequent encounter</i>
<i>Y38.893S</i>	<i>Terrorism involving other means, terrorist injured, sequela</i>
<i>Y38.9X1A</i>	<i>Terrorism, secondary effects, public safety official injured, initial encounter</i>
<i>Y38.9X1D</i>	<i>Terrorism, secondary effects, public safety official injured, subsequent encounter</i>
<i>Y38.9X1S</i>	<i>Terrorism, secondary effects, public safety official injured, sequela</i>
<i>Y38.9X2A</i>	<i>Terrorism, secondary effects, civilian injured, initial encounter</i>
<i>Y38.9X2D</i>	<i>Terrorism, secondary effects, civilian injured, subsequent encounter</i>
<i>Y38.9X2S</i>	<i>Terrorism, secondary effects, civilian injured, sequela</i>
<i>Y62.0</i>	<i>Failure of sterile precautions during surgical operation</i>
<i>Y62.1</i>	<i>Failure of sterile precautions during infusion or transfusion</i>
<i>Y62.2</i>	<i>Failure of sterile precautions during kidney dialysis and other perfusion</i>
<i>Y62.3</i>	<i>Failure of sterile precautions during injection or immunization</i>
<i>Y62.4</i>	<i>Failure of sterile precautions during endoscopic examination</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y62.5	<i>Failure of sterile precautions during heart catheterization</i>
Y62.6	<i>Failure of sterile precautions during aspiration, puncture and other catheterization</i>
Y62.8	<i>Failure of sterile precautions during other surgical and medical care</i>
Y62.9	<i>Failure of sterile precautions during unspecified surgical and medical care</i>
Y63.0	<i>Excessive amount of blood or other fluid given during transfusion or infusion</i>
Y63.1	<i>Incorrect dilution of fluid used during infusion</i>
Y63.2	<i>Overdose of radiation given during therapy</i>
Y63.3	<i>Inadvertent exposure of patient to radiation during medical care</i>
Y63.4	<i>Failure in dosage in electroshock or insulin-shock therapy</i>
Y63.5	<i>Inappropriate temperature in local application and packing</i>
Y63.6	<i>Underdosing and nonadministration of necessary drug, medicament or biological substance</i>
Y63.8	<i>Failure in dosage during other surgical and medical care</i>
Y63.9	<i>Failure in dosage during unspecified surgical and medical care</i>
Y64.0	<i>Contaminated medical or biological substance, transfused or infused</i>
Y64.1	<i>Contaminated medical or biological substance, injected or used for immunization</i>
Y64.8	<i>Contaminated medical or biological substance administered by other means</i>
Y64.9	<i>Contaminated medical or biological substance administered by unspecified means</i>
Y65.0	<i>Mismatched blood in transfusion</i>
Y65.1	<i>Wrong fluid used in infusion</i>
Y65.2	<i>Failure in suture or ligature during surgical operation</i>
Y65.3	<i>Endotracheal tube wrongly placed during anesthetic procedure</i>
Y65.4	<i>Failure to introduce or to remove other tube or instrument</i>
Y65.51	<i>Performance of wrong procedure (operation) on correct patient</i>
Y65.52	<i>Performance of procedure (operation) on patient not scheduled for surgery</i>
Y65.53	<i>Performance of correct procedure (operation) on wrong side or body part</i>
Y65.8	<i>Other specified misadventures during surgical and medical care</i>
Y66	<i>Nonadministration of surgical and medical care</i>
Y69	<i>Unspecified misadventure during surgical and medical care</i>
Y70.0	<i>Diagnostic and monitoring anesthesiology devices associated with adverse incidents</i>
Y70.1	<i>Therapeutic (nonsurgical) and rehabilitative anesthesiology devices associated with adverse incidents</i>
Y70.2	<i>Prosthetic and other implants, materials and accessory anesthesiology devices associated with adverse incidents</i>
Y70.3	<i>Surgical instruments, materials and anesthesiology devices (including sutures) associated with adverse incidents</i>
Y70.8	<i>Miscellaneous anesthesiology devices associated with adverse incidents, not elsewhere classified</i>
Y71.0	<i>Diagnostic and monitoring cardiovascular devices associated with adverse incidents</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
Y71.1	<i>Therapeutic (nonsurgical) and rehabilitative cardiovascular devices associated with adverse incidents</i>
Y71.2	<i>Prosthetic and other implants, materials and accessory cardiovascular devices associated with adverse incidents</i>
Y71.3	<i>Surgical instruments, materials and cardiovascular devices (including sutures) associated with adverse incidents</i>
Y71.8	<i>Miscellaneous cardiovascular devices associated with adverse incidents, not elsewhere classified</i>
Y72.0	<i>Diagnostic and monitoring otorhinolaryngological devices associated with adverse incidents</i>
Y72.1	<i>Therapeutic (nonsurgical) and rehabilitative otorhinolaryngological devices associated with adverse incidents</i>
Y72.2	<i>Prosthetic and other implants, materials and accessory otorhinolaryngological devices associated with adverse incidents</i>
Y72.3	<i>Surgical instruments, materials and otorhinolaryngological devices (including sutures) associated with adverse incidents</i>
Y72.8	<i>Miscellaneous otorhinolaryngological devices associated with adverse incidents, not elsewhere classified</i>
Y73.0	<i>Diagnostic and monitoring gastroenterology and urology devices associated with adverse incidents</i>
Y73.1	<i>Therapeutic (nonsurgical) and rehabilitative gastroenterology and urology devices associated with adverse incidents</i>
Y73.2	<i>Prosthetic and other implants, materials and accessory gastroenterology and urology devices associated with adverse incidents</i>
Y73.3	<i>Surgical instruments, materials and gastroenterology and urology devices (including sutures) associated with adverse incidents</i>
Y73.8	<i>Miscellaneous gastroenterology and urology devices associated with adverse incidents, not elsewhere classified</i>
Y74.0	<i>Diagnostic and monitoring general hospital and personal-use devices associated with adverse incidents</i>
Y74.1	<i>Therapeutic (nonsurgical) and rehabilitative general hospital and personal-use devices associated with adverse incidents</i>
Y74.2	<i>Prosthetic and other implants, materials and accessory general hospital and personal-use devices associated with adverse incidents</i>
Y74.3	<i>Surgical instruments, materials and general hospital and personal-use devices (including sutures) associated with adverse incidents</i>
Y74.8	<i>Miscellaneous general hospital and personal-use devices associated with adverse incidents, not elsewhere classified</i>
Y75.0	<i>Diagnostic and monitoring neurological devices associated with adverse incidents</i>
Y75.1	<i>Therapeutic (nonsurgical) and rehabilitative neurological devices associated with adverse incidents</i>
Y75.2	<i>Prosthetic and other implants, materials and neurological devices associated with adverse incidents</i>
Y75.3	<i>Surgical instruments, materials and neurological devices (including sutures) associated with adverse incidents</i>
Y75.8	<i>Miscellaneous neurological devices associated with adverse incidents, not elsewhere classified</i>
Y76.0	<i>Diagnostic and monitoring obstetric and gynecological devices associated with adverse incidents</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y76.1	<i>Therapeutic (nonsurgical) and rehabilitative obstetric and gynecological devices associated with adverse incidents</i>
Y76.2	<i>Prosthetic and other implants, materials and accessory obstetric and gynecological devices associated with adverse incidents</i>
Y76.3	<i>Surgical instruments, materials and obstetric and gynecological devices (including sutures) associated with adverse incidents</i>
Y76.8	<i>Miscellaneous obstetric and gynecological devices associated with adverse incidents, not elsewhere classified</i>
Y77.0	<i>Diagnostic and monitoring ophthalmic devices associated with adverse incidents</i>
Y77.1	<i>Therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents</i>
Y77.11	<i>Contact lens associated with adverse incidents</i>
Y77.19	<i>Other therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents</i>
Y77.2	<i>Prosthetic and other implants, materials and accessory ophthalmic devices associated with adverse incidents</i>
Y77.3	<i>Surgical instruments, materials and ophthalmic devices (including sutures) associated with adverse incidents</i>
Y77.8	<i>Miscellaneous ophthalmic devices associated with adverse incidents, not elsewhere classified</i>
Y78.0	<i>Diagnostic and monitoring radiological devices associated with adverse incidents</i>
Y78.1	<i>Therapeutic (nonsurgical) and rehabilitative radiological devices associated with adverse incidents</i>
Y78.2	<i>Prosthetic and other implants, materials and accessory radiological devices associated with adverse incidents</i>
Y78.3	<i>Surgical instruments, materials and radiological devices (including sutures) associated with adverse incidents</i>
Y78.8	<i>Miscellaneous radiological devices associated with adverse incidents, not elsewhere classified</i>
Y79.0	<i>Diagnostic and monitoring orthopedic devices associated with adverse incidents</i>
Y79.1	<i>Therapeutic (nonsurgical) and rehabilitative orthopedic devices associated with adverse incidents</i>
Y79.2	<i>Prosthetic and other implants, materials and accessory orthopedic devices associated with adverse incidents</i>
Y79.3	<i>Surgical instruments, materials and orthopedic devices (including sutures) associated with adverse incidents</i>
Y79.8	<i>Miscellaneous orthopedic devices associated with adverse incidents, not elsewhere classified</i>
Y80.0	<i>Diagnostic and monitoring physical medicine devices associated with adverse incidents</i>
Y80.1	<i>Therapeutic (nonsurgical) and rehabilitative physical medicine devices associated with adverse incidents</i>
Y80.2	<i>Prosthetic and other implants, materials and accessory physical medicine devices associated with adverse incidents</i>
Y80.3	<i>Surgical instruments, materials and physical medicine devices (including sutures) associated with adverse incidents</i>
Y80.8	<i>Miscellaneous physical medicine devices associated with adverse incidents, not elsewhere classified</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y81.0	<i>Diagnostic and monitoring general- and plastic-surgery devices associated with adverse incidents</i>
Y81.1	<i>Therapeutic (nonsurgical) and rehabilitative general- and plastic-surgery devices associated with adverse incidents</i>
Y81.2	<i>Prosthetic and other implants, materials and accessory general- and plastic-surgery devices associated with adverse incidents</i>
Y81.3	<i>Surgical instruments, materials and general- and plastic-surgery devices (including sutures) associated with adverse incidents</i>
Y81.8	<i>Miscellaneous general- and plastic-surgery devices associated with adverse incidents, not elsewhere classified</i>
Y82.8	<i>Other medical devices associated with adverse incidents</i>
Y82.9	<i>Unspecified medical devices associated with adverse incidents</i>
Y83.0	<i>Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.1	<i>Surgical operation with implant of artificial internal device as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.2	<i>Surgical operation with anastomosis, bypass or graft as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.3	<i>Surgical operation with formation of external stoma as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.4	<i>Other reconstructive surgery as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.5	<i>Amputation of limb(s) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.6	<i>Removal of other organ (partial) (total) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.8	<i>Other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y83.9	<i>Surgical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.0	<i>Cardiac catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.1	<i>Kidney dialysis as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.2	<i>Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.3	<i>Shock therapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.4	<i>Aspiration of fluid as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.5	<i>Insertion of gastric or duodenal sound as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.6	<i>Urinary catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>

DY Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
Y84.7	<i>Blood-sampling as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.8	<i>Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y84.9	<i>Medical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i>
Y93.01	<i>Activity, walking, marching and hiking</i>
Y93.02	<i>Activity, running</i>
Y93.11	<i>Activity, swimming</i>
Y93.12	<i>Activity, springboard and platform diving</i>
Y93.13	<i>Activity, water polo</i>
Y93.14	<i>Activity, water aerobics and water exercise</i>
Y93.15	<i>Activity, underwater diving and snorkeling</i>
Y93.16	<i>Activity, rowing, canoeing, kayaking, rafting and tubing</i>
Y93.17	<i>Activity, water skiing and wake boarding</i>
Y93.18	<i>Activity, surfing, windsurfing and boogie boarding</i>
Y93.19	<i>Activity, other involving water and watercraft</i>
Y93.21	<i>Activity, ice skating</i>
Y93.22	<i>Activity, ice hockey</i>
Y93.23	<i>Activity, snow (alpine) (downhill) skiing, snowboarding, sledding, tobogganing and snow tubing</i>
Y93.24	<i>Activity, cross country skiing</i>
Y93.29	<i>Activity, other involving ice and snow</i>
Y93.31	<i>Activity, mountain climbing, rock climbing and wall climbing</i>
Y93.32	<i>Activity, rappelling</i>
Y93.33	<i>Activity, BASE jumping</i>
Y93.34	<i>Activity, bungee jumping</i>
Y93.35	<i>Activity, hang gliding</i>
Y93.39	<i>Activity, other involving climbing, rappelling and jumping off</i>
Y93.41	<i>Activity, dancing</i>
Y93.42	<i>Activity, yoga</i>
Y93.43	<i>Activity, gymnastics</i>
Y93.44	<i>Activity, trampolining</i>
Y93.45	<i>Activity, cheerleading</i>
Y93.49	<i>Activity, other involving dancing and other rhythmic movements</i>
Y93.51	<i>Activity, roller skating (inline) and skateboarding</i>
Y93.52	<i>Activity, horseback riding</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.53	<i>Activity, golf</i>
Y93.54	<i>Activity, bowling</i>
Y93.55	<i>Activity, bike riding</i>
Y93.56	<i>Activity, jumping rope</i>
Y93.57	<i>Activity, non-running track and field events</i>
Y93.59	<i>Activity, other involving other sports and athletics played individually</i>
Y93.61	<i>Activity, american tackle football</i>
Y93.62	<i>Activity, american flag or touch football</i>
Y93.63	<i>Activity, rugby</i>
Y93.64	<i>Activity, baseball</i>
Y93.65	<i>Activity, lacrosse and field hockey</i>
Y93.66	<i>Activity, soccer</i>
Y93.67	<i>Activity, basketball</i>
Y93.68	<i>Activity, volleyball (beach) (court)</i>
Y93.69	<i>Activity, other involving other sports and athletics played as a team or group</i>
Y93.6A	<i>Activity, physical games generally associated with school recess, summer camp and children</i>
Y93.71	<i>Activity, boxing</i>
Y93.72	<i>Activity, wrestling</i>
Y93.73	<i>Activity, racquet and hand sports</i>
Y93.74	<i>Activity, frisbee</i>
Y93.75	<i>Activity, martial arts</i>
Y93.79	<i>Activity, other specified sports and athletics</i>
Y93.81	<i>Activity, refereeing a sports activity</i>
Y93.82	<i>Activity, spectator at an event</i>
Y93.83	<i>Activity, rough housing and horseplay</i>
Y93.84	<i>Activity, sleeping</i>
Y93.85	<i>Activity, choking game</i>
Y93.89	<i>Activity, other specified</i>
Y93.9	<i>Activity, unspecified</i>
Y93.A1	<i>Activity, exercise machines primarily for cardiorespiratory conditioning</i>
Y93.A2	<i>Activity, calisthenics</i>
Y93.A3	<i>Activity, aerobic and step exercise</i>
Y93.A4	<i>Activity, circuit training</i>
Y93.A5	<i>Activity, obstacle course</i>
Y93.A6	<i>Activity, grass drills</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = “D”)
<i>Y93.A9</i>	<i>Activity, other involving cardiorespiratory exercise</i>
<i>Y93.B1</i>	<i>Activity, exercise machines primarily for muscle strengthening</i>
<i>Y93.B2</i>	<i>Activity, push-ups, pull-ups, sit-ups</i>
<i>Y93.B3</i>	<i>Activity, free weights</i>
<i>Y93.B4</i>	<i>Activity, pilates</i>
<i>Y93.B9</i>	<i>Activity, other involving muscle strengthening exercises</i>
<i>Y93.C1</i>	<i>Activity, computer keyboarding</i>
<i>Y93.C2</i>	<i>Activity, hand held interactive electronic device</i>
<i>Y93.C9</i>	<i>Activity, other involving computer technology and electronic devices</i>
<i>Y93.D1</i>	<i>Activity, knitting and crocheting</i>
<i>Y93.D2</i>	<i>Activity, sewing</i>
<i>Y93.D3</i>	<i>Activity, furniture building and finishing</i>
<i>Y93.D9</i>	<i>Activity, other involving arts and handcrafts</i>
<i>Y93.E1</i>	<i>Activity, personal bathing and showering</i>
<i>Y93.E2</i>	<i>Activity, laundry</i>
<i>Y93.E3</i>	<i>Activity, vacuuming</i>
<i>Y93.E4</i>	<i>Activity, ironing</i>
<i>Y93.E5</i>	<i>Activity, floor mopping and cleaning</i>
<i>Y93.E6</i>	<i>Activity, residential relocation</i>
<i>Y93.E8</i>	<i>Activity, other personal hygiene</i>
<i>Y93.E9</i>	<i>Activity, other interior property and clothing maintenance</i>
<i>Y93.F1</i>	<i>Activity, caregiving, bathing</i>
<i>Y93.F2</i>	<i>Activity, caregiving, lifting</i>
<i>Y93.F9</i>	<i>Activity, other caregiving</i>
<i>Y93.G1</i>	<i>Activity, food preparation and clean up</i>
<i>Y93.G2</i>	<i>Activity, grilling and smoking food</i>
<i>Y93.G3</i>	<i>Activity, cooking and baking</i>
<i>Y93.G9</i>	<i>Activity, other involving cooking and grilling</i>
<i>Y93.H1</i>	<i>Activity, digging, shoveling and raking</i>
<i>Y93.H2</i>	<i>Activity, gardening and landscaping</i>
<i>Y93.H3</i>	<i>Activity, building and construction</i>
<i>Y93.H9</i>	<i>Activity, other involving exterior property and land maintenance, building and construction</i>
<i>Y93.I1</i>	<i>Activity, roller coaster riding</i>
<i>Y93.I9</i>	<i>Activity, other involving external motion</i>
<i>Y93.J1</i>	<i>Activity, piano playing</i>

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
<i>Y93.J2</i>	<i>Activity, drum and other percussion instrument playing</i>
<i>Y93.J3</i>	<i>Activity, string instrument playing</i>
<i>Y93.J4</i>	<i>Activity, winds and brass instrument playing</i>
<i>Y93.K1</i>	<i>Activity, walking an animal</i>
<i>Y93.K2</i>	<i>Activity, milking an animal</i>
<i>Y93.K3</i>	<i>Activity, grooming and shearing an animal</i>
<i>Y93.K9</i>	<i>Activity, other involving animal care</i>
<i>Y95</i>	<i>Nosocomial condition</i>
<i>Y99.0</i>	<i>Civilian activity done for income or pay</i>
<i>Y99.1</i>	<i>Military activity</i>
<i>Y99.2</i>	<i>Volunteer activity</i>
<i>Y99.8</i>	<i>Other external cause status</i>
<i>Y99.9</i>	<i>Unspecified external cause status</i>

Appendix K: Acronyms

Table K-1: Acronyms

Term/Acronym	Definition
ADAP	AIDS Drug Assistance Program
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
CWF	Common Working File
DOS	Date of Service
DCN	Document Control Number
ECRS	Electronic Correspondence Referral System
EFT	Electronic File Transfer
EIDM	CMS Enterprise Identity Management
EIN	Employer Identification Number
GHI	Group Health Incorporated
HICN	Health Insurance Claim Number
HIMR	Health Insurance Master Record
HUSP	Health Utilization Secondary Payer
IVR	Interactive Voice Response
LOA	Level of Assurance
MBD	Medicare Beneficiary Database
MBI	Medicare Beneficiary Identifier
MFA	Multi-Factor Authentication
MSP	Medicare Secondary Payer
PAP	Patient Assistance Program
PDAR	Prescription Drug Assistance Request
RIDP	Remote Identity Proofing
RO	Regional Office
SPAP	State Pharmaceutical Assistance Program
SSN	Social Security Number

Appendix L: Previous Version Updates

Version 6.6

The criteria for several fields will be changed for users submitting primary and supplemental drug records, specifically for Rx Insured ID Number, Rx Group Number, Rx PCN, and Rx BIN Number (Sections 4.8, 5.4, 6.4, Appendix C, Appendix G, Appendix H).

Several Prescription Drug Assistance Request (PDAR) date fields (Effective Date, New Effective Date, OHI Effective Date, OHI New Effective Date, and Termination Date) have been updated for clarification (Section 5.1, Prescription Drug Assistance Request Detail Record).

The CMS Identity Management (IDM) system Forgot User ID process has been updated (Section 9.5).

The RX05: Missing Individual Policy Number error code has been added as a response record error (Appendix H).

A new ECRS web message and a new error code (PE2O) have been added for transactions submitted with action codes TD, CT, AP, and PR. Both error messages indicate that a matching record is in process and to either try again in 48 hours (web) or to resubmit the request (flat file). (Sections G.5 and Appendix H).

Version 6.5

To accommodate the transition from the Enterprise Identification Management System (EIDM) to the new CMS Identification Management System (IDM), which is used for requesting ECRS access and roles, as well as completing the Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) processes, the sections of this user guide describing these processes have been updated (Section 2.6 and Chapter 9).

When Prescription Drug Action Requests (PDARs) are submitted by Part D plans, the Other Health Information (OHI) Effective Date is used. To allow Part D/MAPD plans to update the OHI Effective Date for existing drug records as needed, a new action code “OH” has been created and two new fields, *OHI Effective Date* and *New OHI Effective Date*, have been added to the PDAR request action and request summary pages (Sections 5.2, 5.8, Prescription Drug Assistance Request Response Detail Record, Appendix H).

The Connect:Direct data exchange process is being changed to use the CMS Electronic File Transfer (CMS EFT) protocol. This change, with final cutover occurring in 2021, will affect those users who submit files using Connect:Direct. In this release, the file-naming conventions have been updated in this guide (Section 8.4).

Version 6.4

- When processing valid Prescription Drug Assistance Requests (PDARs) submitted with action codes TD, CT, AP, CX, or PR, the system will now search for matching existing drug coverage records using either the MSP Effective Date provided on the input file or the Other Health Information (OHI) Effective Date submitted when the drug record was created (Section 5.2.2).
- To prevent duplicate records, users signed in as Part D Prescription Drug Plans (PDPs) and Medicare Advantage Prescription Drug (MAPDs) plans will no longer be able to submit supplemental prescription drug records (adds or updates) through the *Prescription Drug Inquiry Prescription Drug*

Information or *MSP Inquiry Prescription Drug* pages if the insurer is a Patient Assistance Program (PAP), qualified State Pharmaceutical Assistance Program (SPAP), AIDS Drug Assistance Program (ADAP), Medicaid, or Tricare (Sections 4.8 and 6.4, and Appendix G).

- The excluded ICD-10 diagnosis codes for No-Fault Plan Insurance Type D have been updated for FY 2021 (Appendix J).
- Clarifying language has been added to the Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) set-up processes to indicate that users will not need to repeat these processes when requesting access and roles for other applications managed through the Identity Management (IDM) system (Chapter 9).

Version 6.3

- To reduce or eliminate the number of rejected or duplicated assistance request submissions, specific action codes have been automated to prevent contractors from requesting updates to current records on the *CWF Assistance Request Auxiliary Record* and the *Prescription Drug Assistance Request* pages (via either flat file or online data entry), if certain conditions are met. If these codes are used, contractors will receive an immediate reply, and the update request will be denied (Sections 3.3.1 and 5.2.2).
- The *Patient Relationship* and *New Patient Relationship* field codes, which are between the policyholder and the beneficiary, have been corrected for Medicare Secondary Payer (MSP) occurrences (Appendix G).
- The excluded ICD-10 diagnosis codes for No-Fault Plan Insurance Type D have been updated for FY 2020 (Appendix J).

Version 6.2

To help confirm whether ECRS requests and inquiries have been received, a new *Consolidated ECRS Workload Search* feature is now available. This option allows you to verify the status of all requests (MSP Inquiries, CWF Assistance Requests, Prescription Drug Inquiries and Prescription Drug Assistance Requests) that were submitted to the BCRC (Sections 2.6.4 and Chapter 7).

Version 6.1

To allow Medicare contractors to more easily track and report ECRS transactions referred to the BCRC that are completed or in process, functionality has been added to the search pages to allow contractors to perform the following actions (Sections 3.10, 4.10, 5.9, and 6.6):

- Search for records for up to 6 months (instead of 31 days);
- View and export search results for up to 500 records at a time (instead of 20 items); and
- View counts for the total number of search results and the number of records currently being viewed.

Version 6.0

To enhance security and to allow you to more easily and efficiently complete user registration, the Enterprise ID Management (EIDM) log-in process has been redesigned (Section 2.6.3 and Chapter 9).

Action Code II has been added to Prescription Drug Assistance Requests (Table 5-1).

Trans Source Cd values have been updated (Appendix G.3).

The excluded ICD-10 diagnosis codes for No-Fault Plan Insurance Type D have been updated for 2018 (Appendix J).

Version 5.9

The email for registering for Computer-Based Training (CBT) courses has been updated to LMS@nhassociates.com for requesting the ECRS Web CBT curriculum (Section 2.2).

Version 5.8

The Enterprise Identity Management EIDM login process has been clarified for users who have completed the Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) processes, and who have registered an MFA device (Sections 2.6.3 and Chapter 9).

As part of the Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act (MACRA) of 2015, all Health Insurance Claim Number (HICN) fields have been renamed as “Medicare ID” and have been configured to accept either the HICN or the new Medicare Beneficiary Identifier (MBI).

The *CMS Workload Tracking* and the *Contractor Workload Tracking* reports have been updated to ensure that all contractors and activity codes are included (Chapter 7).

To comply with security and privacy federal controls regarding the use of social media and networking sites, the login warning banner has been updated (Figure 2-4).

Version 5.7

To ensure system security and reduce fraud, Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) services have been implemented for the CMS.gov | Enterprise Portal (<https://portal.cms.gov>). See Chapter 9.

The MSP Inquiry *Summary* page has been updated to correctly display the Illness/Injury Date (i.e., Date of Injury/Date of Loss) when it has been provided on the MSP Inquiry *Additional Information* page. See Section 4.9.

Version 5.6

To help Medicare Administrative Contractors (MACs) recognize when Ongoing Responsibility for Medicals (ORM) exist for claims submitted by providers, an ORM indicator has been added to the *CWF Assistance Request Auxiliary Record Information* page, and associated summary screen, which displays a read-only value indicating whether ORM was reported on the Health Utilization Secondary Payer (HUSP) transaction. However, if the *Import HIMR Data* option was not selected, an ORM indicator will not display on these screens. Available values are Y (“Yes” ORM exists) or a “Space” (ORM does not exist, or existence of ORM is unknown). See Section 3.3

With the implementation of ICD-10 diagnostic codes, all references to the October 2015 start date have been removed.

To meet 508-compliance requirements, an Adobe Reader link has been added at the navigation to the top of all screens. See Figure 2-1.

Version 5.5

CMS has established the Enterprise Identity Management (EIDM) web site to provide you with a way to obtain a single user ID that you can use to access one or more CMS applications. This new system replaces the previous CMS Individuals Authorized Access to CMS Computer Services (IACS).

ECRS is a system supported by EIDM. If you have never registered with IACS, or are a new user on the EIDM, you can start the registration process at the CMS Enterprise Portal: <https://portal.cms.gov>. Once registered, you can request access to the ECRS web site. Users who are currently registered with IACS

have been transferred to the EIDM and do not need to register again. Use your current login ID and password to access ECRS. See Section 2.6.1.

Version 5.4

Reason code 07 (Appendix E) Definition has been corrected to read: Auditor follow-up development in progress, used with IP status.

Version 5.3

The date of implementation for the International Classification of Diseases 10th Revision (ICD-10) has been changed from 2014 to 2015.

ECRS does not require the MSP Type field to be populated on the *MSP Information* page for all MSP Inquiry transactions.

The Department of Health & Human Services has adopted a policy treating same-sex marriages on the same terms as opposite-sex marriages to the greatest extent reasonably possible. Any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes the marriage - including one of the 50 states, the District of Columbia, or a U.S. territory -- or a foreign country, so long as that marriage would also be recognized by a U.S. jurisdiction, will be recognized. Consistent with this policy and the purpose of the MSP provisions, effective January 1, 2015, the rules below apply with respect to the term “spouse” under the MSP Working Aged provisions. This is true for both opposite-sex and same-sex marriages as described herein.

- If an individual is entitled to Medicare as a spouse based upon the Social Security Administration’s rules, that individual is a “spouse” for purposes of the MSP Working Aged provisions.
- If a marriage is valid in the jurisdiction in which it was performed as described herein, both parties to the marriage are “spouses” for purposes of the MSP Working Aged provisions.
- Where an employer, insurer, third party administrator, GHP, or other plan sponsor has a broader or more inclusive definition of spouse for purposes of its GHP arrangement, it may (but is not required to) assume primary payment responsibility for the “spouse” in question. If such an individual is reported as a “spouse” pursuant to MMSEA Section 111, Medicare will pay accordingly and pursue recovery, as applicable.

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 Q: 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.

February Monthly 2014

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) (Section 8.5).

ECRS 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 is 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.

Electronic Correspondence Referral System for the Web (ECRS Web) Quick Reference Card

Rev. 2021/1 October

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records

Table 1: Required Fields on CWF Assistance Request Detail Pages

Field	Description
DCN	Document Control Number
MEDICARE ID	Beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
ACTIVITY CODE	Activity code
ACTION(S)	Action codes
SOURCE	Source of request information
IMPORT HIMR MSP DATA	Select to import HIMR data for the existing MSP record
MSP TYPE	Type of MSP coverage
PATIENT RELATIONSHIP	Patient relationship

Field	Description
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence at CWF Note: Part D contractors must enter "001" when the Auxiliary record number is unknown.
ORIGINATING CONTRACTOR	Contract number of contractors that created original MSP occurrence at CWF
EFFECTIVE DATE	Effective date of MSP coverage
TERMINATION DATE	Date MSP coverage ended
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Insurance company name
INSURANCE TYPE	Type of insurance coverage
POLICY NUMBER	Insurance policy number (not required if group number is entered)
GROUP NUMBER	Insurance policy group number (not required if policy number is entered)

Field	Description
EMPLOYER NAME	Name of the beneficiary's employer
ADDRESS	Employer's address
CITY	Employer's city
STATE	Employer's state
ZIP	Employer's zip code
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount of the check
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
SOCIAL SECURITY NUMBER	Beneficiary's social security number
DIAGNOSIS CODES	Diagnosis codes Required when ACTION is DX.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10". Required if corresponding Diagnosis Code is submitted.
REMARKS	Remarks

Table 2: Required Fields for Source Codes on CWF Assistance Requests

Value	Required Fields
CHEK	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP CHECK NUMBER CHECK DATE CHECK AMOUNT
LTTR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP
PHON	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Table 3: Related Action Codes on CWF Assistance Requests

Value	Description
AI	Change attorney information
AP	Add policy and/or group number
AR	Add CWF remark codes
CD	Change to injury/loss date
CP	Incorrect ESRD Coordination Period
CT	Change termination date
DA	Develop to the attorney
DD	Develop for the diagnosis code
DE	Develop to employer or for employer info
DI	Develop to insurer or for insurer info
DO	Mark occurrence for deletion
DR	Investigate/redevelop closed or deleted record
DT	Develop for termination date
DX	Change diagnosis codes
EA	Change employer address
ED	Change effective date
EF	Develop for the effective date
EI	Change employer information
ES	Employer size below minimum (20 for working aged; 100 for disability)
ID	Investigate possible duplicate for deletion
II	Change insurer information
IT	Change insurer type
LR	Add duplicate liability record

Value	Description
MT	Change MSP type
MX	SSN/Medicare ID mismatch
NR	Create duplicate no-fault record
PH	Add PHP date
PR	Change patient relationship
TD	Terminate open EGHP record with date less than six months prior to date of accretion
VP	Beneficiary has taken a vow of poverty
WN	Notify COBC of updates to WCMSA cases

Table 4: Required Fields for Action Codes on CWF Assistance Requests

Value	Required Fields	Description
AI	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP (must be 'A'), INSURANCE TYPE	Attorney information

Value	Required Fields	Description
AP	POLICY NUMBER and/or GROUP NUMBER INSURANCE TYPE Note: available for EGHP MSP types only	Insurer information for drug records Insurance Type
AR	REMARK Code (at least one)	Remarks
CD	GROUP NUMBER Note: ** available for contractor 79001, NON EGHP MSP types D, E, L, and W only ***	DOI/DOL changes
CP	Note: ** available for ESRD MSP type B only ***	Verification of coordination period
CT	TERMINATION DATE INSURANCE TYPE	Termination Date Insurance Type
DX	DIAGNOSIS CODES (at least one)	Diagnosis codes
EA	EMPLOYER NAME	Employer information
ED	EFF DATE NEW EFF DATE	Effective Date New Effective Date
EI	EMPLOYER NAME, EMPLOYER ADDRESS, EMPLOYER CITY, EMPLOYER STATE, EMPLOYER ZIP Type data in all fields to update employer info at CWF.	Employer information

Value	Required Fields	Description
II	INSURANCE COMPANY NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, SUBSCRIBER NAME Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	Insurance Company Name
IT	INSURANCE TYPE NEW INSURANCE TYPE	Insurance type New Insurance Type
MT	MSP TYPE NEW MSP TYPE	MSP Type New MSP Type
MX	SOCIAL SECURITY NUMBER	SSN/Medicare ID mismatch
PH	PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
PR	PAT REL NEW PAT REL INSURANCE TYPE	Patient Relationship New Patient Relationship Insurance Type
TD	TERMINATION DATE INSURANCE TYPE	Termination date Insurance Type
WN	Note: ** available for Contractor 79001 only ***	WCMSA Notification

Prescription Drug Assistance Request Codes

Table 5: Required Fields for Source Codes on Prescription Drug Assistance Requests

Value	Required Fields
CHEK	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP, CHECK NUMBER, CHECK DATE, CHECK AMT
LTTR	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP
PHON	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP

Table 6: Action Codes on Prescription Drug Assistance Requests

Value	Description
AP	Add Policy and/or Group Number

Value	Description
BN	Develop for Prescription BIN
CT	Change termination date
CX	Change Prescription Values (BIN, Group, PCN)
DO	Mark occurrence for deletion
EA	Change employer address
ED	Change effective date
EI	Change employer information
GR	Develop for Group Number
II	Change insurer information
IT	Change insurer type
MT	Change MSP type
OH	Change Effective Date <i>of Other Drug Coverage</i>
PC	Update Prescription Person Code
PN	Develop for/add PCN
PR	Change patient relationship
TD	Add Termination Date
II	Change Insurer Information

Table 7: Required Fields for Action Codes on Prescription Drug Assistance Requests

Value	Required Fields	Description
AP	PERSON CODE	Person Code (when Record Type is SUP)

Value	Required Fields	Description
-	INFMT NAME, ADDRESS, CITY, ST, ZIP	Informant information (when Source Type is Letter, Check, or Phone)
-	COVERAGE TYPE	Coverage Type (when Policy Number, BIN, PCN, ID, Supplemental Type, or Person Code are entered)
-	POLICY NUMBER	Policy Number OR Group Number required when Source Code is NOT D, E, L, or W
-	GROUP NUMBER	Group Number required when Coverage Type=U
BN	PERSON CODE	Person Code (when Record Type is SUP)
CT	TERM DATE PERSON CODE	Termination Date Person Code (when Record Type is SUP)
CX	PERSON CODE BIN, PCN, GROUP	Person Code (when Record Type is SUP) BIN, PCN, OR Group Number is required
DO	PERSON CODE	Person Code (when Record Type is SUP)

Value	Required Fields	Description
EA	PERSON CODE EMPLOYER NAME	Person Code (when Record Type is SUP) Employer Name
ED	NEW EFF DATE PERSON CODE	New Effective Date Person Code (when Record Type is SUP)
EI	PERSON CODE EMPLR NAME, ADDRESS, CITY, ST, ZIP	Person Code (when Record Type is SUP) Employer information
GR	PERSON CODE	Person Code (when Record Type is SUP)
IT	PERSON CODE, INS TYPE NEW INS TYPE	Person Code (when Record Type is SUP) Insurance type New Insurance Type
MT	MSP TYPE, NEW MSP TYPE, RECORD TYPE	MSP Type New MSP Type Record Type (must be PRI)
PC	PERSON CODE	Person Code
PN	PERSON CODE	Person Code (when Record Type is SUP)

Value	Required Fields	Description
PR	PERSON CODE, NEW PAT REL	Person Code (when Record Type is SUP) New Patient Relationship
TD	PERSON CODE, TERM DT	Person Code (when Record Type is SUP) Termination Date

MSP Inquiry Codes

Note: Action codes are not required for MSP inquiries.

Table 8: Required Fields on MSP Inquiry Detail Pages

Field	Description
DCN	Document Control Number
MEDICARE ID	Beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
ACTIVITY CODE	Activity code
SOURCE	Source of request information
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.
EFFECTIVE DATE	Effective date of MSP coverage

Field	Description
TERMINATION DATE	Date MSP coverage ended
CMS GROUPING CODE	CMS grouping code
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Name of beneficiary's insurer
ADDRESS LINE 1	First line of insurer's address Note: required when Insurance Company Name is entered.
CITY	Insurer's city Note: required when Insurance Company Name is entered.
STATE	Insurer's state Note: required when Insurance Company Name is entered.
ZIP	Insurer's zip code Note: required when Insurance Company Name is entered.
INSURANCE TYPE	Type of insurance

Field	Description
EMPLOYER NAME	Name of beneficiary's employer Note: required when MSP Type is F and Send to CWF is Yes.
ADDRESS	Employer's address Note: required when MSP Type is F and Send to CWF is Yes.
CITY	Employer's city Note: required when MSP Type is F and Send to CWF is Yes.
STATE	Employer's state Note: required when MSP Type is F and Send to CWF is Yes.
ZIP	Employer's zip code Note: required when MSP Type is F and Send to CWF is Yes.
CHECK NUMBER	Check number
CHECK AMOUNT	Amount on the check
CHECK DATE	Date on the check
DIAGNOSIS CODES	Diagnosis codes Note: If the MSP Type is A, B, or G, the system will prevent the entry of diagnosis codes.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10". Required if corresponding Diagnosis Code is submitted

Field	Description
BIN	BIN Note: required when Coverage Type is U.
PCN	PCN Note: required when Coverage Type is U.
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
SUPPLEMENTAL TYPE	Type of supplemental insurance Note: must be L when Record Type is Supplemental.
PERSON CODE	Person code Note: required when Record Type is Supplemental and Supplemental type is L.

Table 9: Related Action Codes on MSP Inquiries

Value	Description
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer

Table 10: Required Fields for Action Codes on MSP Inquiries

Value	Required Fields
CA	MSP TYPE PATIENT RELATIONSHIP (when MSP Type is L) EFFECTIVE DATE (when MSP Type is L) CMS GROUPING CODE (when MSP Type is L) INSURANCE COMPANY NAME, INSURANCE TYPE DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant information is entered.
CL	MSP TYPE (must be D, E, or L) PATIENT RELATIONSHIP (must be D, E, or L) EFFECTIVE DATE (must be D, E, or L) TERMINATION DATE (must be D, E, or L) DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant information is entered.

Value	Required Fields
DE	EMPLOYER NAME ADDRESS CITY STATE ZIP Note: Insurance company name is NOT required when action code is blank or DE.
DI	ADDRESS LINE 1 CITY STATE ZIP

Table 11: Required Fields for Source Codes on MSP Inquiries

Value	Required Fields
CHEK	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP CHECK NUMBER CHECK AMOUNT CHECK DATE
LTTR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Value	Required Fields
PHON	MSP TYPE FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Prescription Drug Inquiry Codes

Table 12: Required Fields on Prescription Drug Inquiry Detail Pages

Field	Description
DCN	Document Control Number
MEDICARE ID	Beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
ACTIVITY CODE	Activity code
SOURCE	Source of request information
MSP TYPE	MSP type Note: Leave MSP Type blank when Record Type is Supplemental
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.

Field	Description
SEND TO MBD	Select Yes to send inquiry to MBD
SUBMTTER TYPE	Submitter type
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount on the check
INFORMANT FIRST NAME	Informant's first name
INFORMANT LAST NAME	Informant's last name
INFORMANT ADDRESS	Informant's address
INFORMANT CITY	Informant's city
INFORMANT STATE	Informant's state
INFORMANT ZIP	Informant's zip code
INFORMANT RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Name of the insurance carrier for drug coverage.
EFFECTIVE DATE	Effective date of prescription coverage
TERMINATION DATE	Date prescription coverage ends Note: automatically populated when Coverage Type is U.
BIN	BIN Note: required when Coverage Type is U.

Field	Description
PCN	PCN Note: required when Coverage Type is U.
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
PERSON CODE	Person code Note: required when Record Type is Supplemental, or when Record Type is blank and Supplemental type is L.

Table 13: Required Fields for Source Codes on Prescription Drug Inquiries

Value	Required Fields
CHEK	CHECK NUMBER CHECK DATE CHECK AMOUNT INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP

Value	Required Fields
LTTR	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP
PHON	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP

Table 14: Prescription Drug Supplemental Type Codes on Prescription Drug Inquiries

Value	Description
L	Supplemental
M	Medigap
N	Non-qualified SPAP
O	Other
P	PAP
Q	Qualified SPAP
R	Charity
S	ADAP
T	Federal Government Programs
1	Medicaid
2	Tricare
3	Major Medical

Table 15: Coverage Type Codes on Prescription Drug Inquiries

Value	Description
U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account

General Codes

The following codes apply to CWF assistance requests, MSP inquiries, and workers' compensation set-aside trust cases.

Table 16: General - Activity Codes

Value	Description
C	Claims (Pre-Payment) (22001)
D	Debt Collection (42021)
G	Group Health Plan (42003)
I	General Inquiry (42004)
N	Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act (FTCA) (42002)

Table 17: General - MSP Type Codes (Non-EGHP)

Value	Description
D	Automobile Insurance, No Fault
E	Workers' Compensation
L	Liability
W	Workers' Compensation Set-Aside

Table 18: General - MSP Type Codes (EGHP)

Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans

Table 19: General - Source Codes

Value	Description
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
SRVY	Survey (Part D only)

Table 20: General - Status Codes

Value	Description
CM	Completed
DE	Delete (do not process) ECRS request
HD	Hold, individual not yet a Medicare beneficiary (WC) (RAC)
IP	In process, being edited by COB
NW	New, not yet read by COB

Table 21: General - Reason Codes

Value	Description
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 COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
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 Coverage update sent to MBD
30	S.E.E. Approved Medicare primary
31	Action code and comments conflict
32	Record terminated/deleted due to OBRA 93

Value	Description
33	WCSA record – can only be updated by RO, record closed by CWF Analyst
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 letter sent, waiting on response
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
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
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 Medicare ID
61	No Part A entitlement
62	Closed, no response to development

Value	Description
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
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
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed

Value	Description
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)
88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found
94	<i>Closed, no response/no update</i>
96	Per hierarchy guidelines, request cannot be honored.
97	Existing record is invalid and has been deleted. New record created to include changes requested.

Table 22: General - Patient Relationship Codes

Value	Description
01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured has no financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped dependent

Value	Description
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Domestic partner (Effective April, 2004.)

Table 23: General - Informant Relationship Codes

Value	Description
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

Value	Description
U	Unknown
W	Pharmacy

Table 24: General - Relationship to Insured Codes

Value	Description
B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Table 25: General - Insurance Type Codes

Value	Description
A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)

Value	Description
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
R	GHP Health Reimbursement Arrangement
S	GHP Health Savings Account
Blank	Unknown (UNKNOWN)