U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation
Washington, D.C. 20210

RELEASE - REVISION TO Chapter 2-2000 Energy Case Management System-General, FEDERAL (EEOICPA) PROCEDURE MANUAL

EEOICPA TRANSMITTAL NO. 11-01 April 2011

EXPLANATION OF MATERIAL TRANSMITTED:

This material is issued as procedural guidance to update, revise and replace the text of EEOICPA Unified Procedure Manual (PM) 2-2000 Energy Case Management System-General.

- This material serves to notify ECMS users that the SEC Desc field no longer needs to be completed.
- This material addresses the new SEC acceptance coding scheme, which encompasses the deactivation of the "SE" code and the activation of the "SER" and "SEF" codes and associated reason codes.
- This material updates the worksite/employment verification guidance
- This material clarifies the use of the "NI" code in ECMS E.
- This material updates the instruction regarding use of the WS code and removes the email related codes associated with the "DO" code.
- This material gives additional instruction on the use of the "IC" and "NIM" codes when impairment is claimed prematurely.
- This material adds the reason code "E12" to the "DO" claim status code to correspond to when the EN/EE-12 is sent.
- This material adds the reason code "E10" to the "DO" claim status code to correspond to when the EN/EE-10 is sent.

Rachel P. Leiton

Rachel P. Leiton
Director, Division of
Energy Employees Occupational Illness Compensation

FILING INSTRUCTIONS:

Replace the entire EEOICPA Unified PM Chapter 2-2000.

File this transmittal behind EEOICPA Transmittal XX-XX in the front of the Federal (EEOICPA) Procedure Manual.

Distribution: List No. 3: All DEEOIC Employees
List No. 6: Regional Directors, District Directors, Assistant District Directors, National Office Staff, and Resource Center Staff.

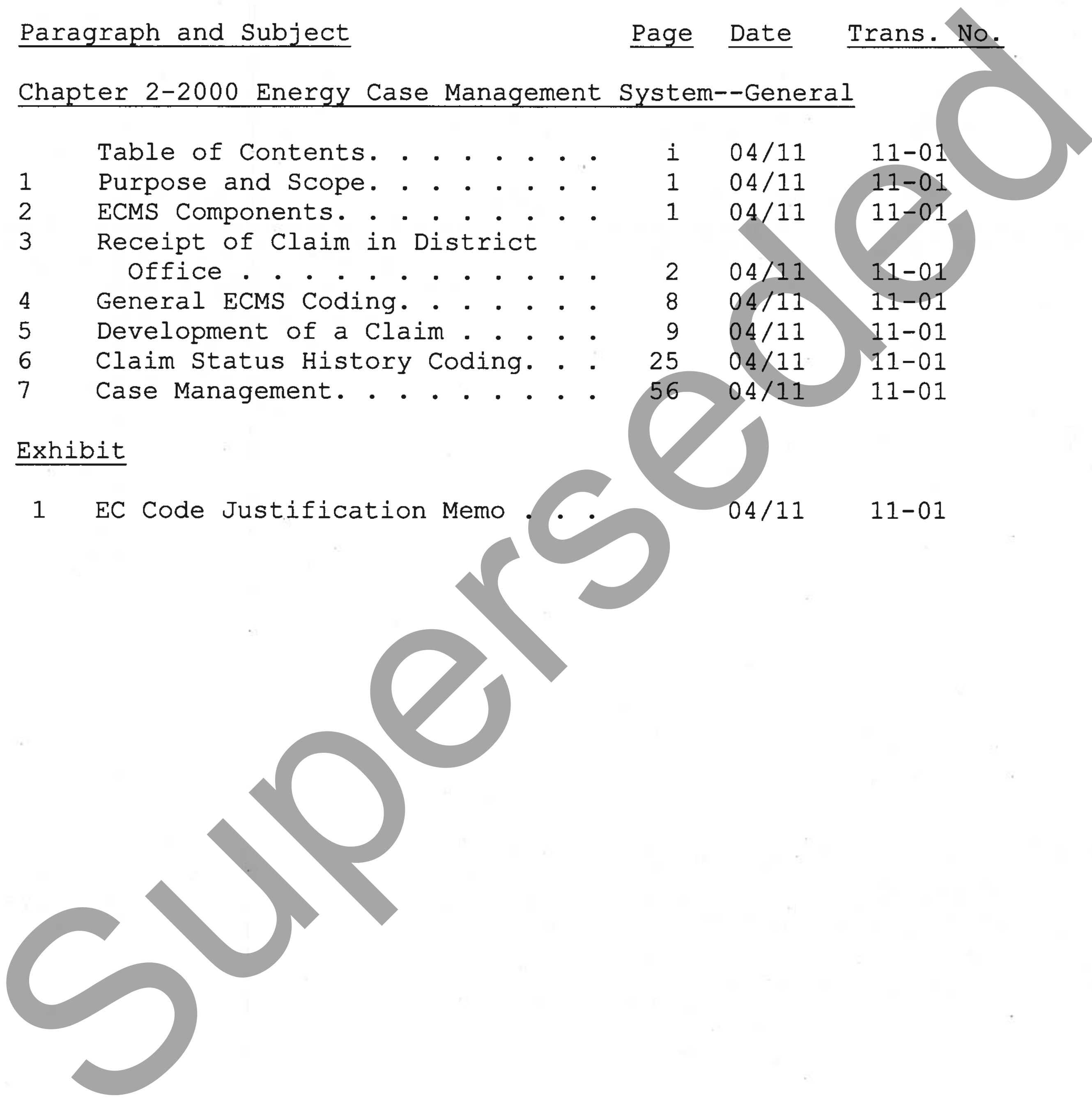


TABLE OF CONTENTS

Paragraph and Subject		Page	Date	Trans. No.
Chapter 2-2000 Energy Case Management System--General				
	Table of Contents.	i	04/11	11-01
1	Purpose and Scope.	1	04/11	11-01
2	ECMS Components.	1	04/11	11-01
3	Receipt of Claim in District Office	2	04/11	11-01
4	General ECMS Coding.	8	04/11	11-01
5	Development of a Claim	9	04/11	11-01
6	Claim Status History Coding. . .	25	04/11	11-01
7	Case Management.	56	04/11	11-01
Exhibit				
1	EC Code Justification Memo . . .		04/11	11-01

1. Purpose and Scope. This chapter describes in general how to use the Energy Case Management System (ECMS). It focuses on the early and developmental stages of a claim. Codes for decisions rendered by the District Offices (DOs), Secondary Claims Examiner (CE2) Unit, and the Final Adjudication Branch (FAB) are addressed in EEOICPA PM 2-2100. The information in this chapter applies to both ECMS B and ECMS E unless otherwise indicated.

2. ECMS Components.

a. Case Information Screen. The Case Information screen is used to maintain core employee-related personal information from Form EE-1 and Form EE-2. Also included on this screen are CE assignment, case and DO locations, both current and historical.

b. Work Site Screen. The Work Site screen is accessed through the case screen and is used to enter and update data on all relevant work sites reported for an employee. This data is found on Form EE-3 (Employment History), and also includes any new worksites discovered throughout the development of the case.

c. Claim Screen. The Claim screen is used to maintain individual claim (including employee and/or survivor) relevant information for each claim filed. This includes filing, receipt and creation date in ECMS, as well as a record of actions made for a claimant during the adjudication process in the claim status history. The medical conditions and payee information are also accessed through this screen.

d. Claim Status History Screen. The Claim Status History screen is used to enter codes for events taking place during adjudication. Claim Status History displays the actions that have taken place and the date of each action.

e. Medical Condition Screen. The Medical Condition screen is used to enter medical conditions reported for each case/claim. All conditions are updated throughout the development process with relevant information, such as ICD-9 codes, condition status, PoC information, medical status effective dates, and diagnosis dates.

Superseded

2. ECMS Components. (Continued)

f. SEC/SEC Desc Screen (ECMS B only). The SEC/SEC Desc screen is used to enter and update SEC data reported on Form EE-1, Form EE-2, and/or Form EE-3. If it is claimed that an employee worked at an SEC facility, that SEC ID is entered in this field. This field records that an SEC facility has been claimed, not that it has been verified.

If SEC is marked on the claim form, and no SEC site is listed on the EE-3, use 'unspecified' in the SEC description field.

g. Payee Screen. The Payee screen is used to enter payee information from Forms EE-1 and EE-2. This screen is updated as payees become eligible or ineligible for compensation. Upon eligibility, updated Electronic Funds Transfer (EFT) or payment mailing information is added.

3. Receipt of Claim in District Office. Case Create procedures are covered in EEOICPA PM 1-300. When a claim is received in the DO, the Case Create Clerk (CCC) enters the data into ECMS. The fields are completed as follows:

a. General case assignment information entered by the CCC.

(1) CE name. From the list box, the CCC selects the responsible CE, based on internal DO procedures.

(2) Location. From the list box, the CCC selects the location of the Responsible CE. The location codes are unique for each individual in a DO and are assigned by the DO.

b. Form EE-1/2. The CCC enters the following fields directly from Form EE-1/2:

(1) Employee SSN, Name, and Address.

(2) Survivor Information (if applicable). This includes survivor name, sex (M-Male or F-Female), SSN, date of birth, relationship to the deceased, address, and telephone number(s).

Superseded

3. Receipt of Claim in District Office. (Continued)

(3) Employee Census Information. This includes Date of Birth, Date of Death (if applicable), Sex (M-Male or F-Female), Autopsy Indicator (if applicable), and Autopsy Facility 'Y' for Yes (if applicable).

(4) Employee Dependents (if applicable). 'Y' for Yes or 'N' for No is selected for spouse, child, or other.

(5) Employment Classification. If any field (DOE, Atomic, Beryllium, Uranium, Other) is checked on the claim form (Form EE-1/2 prior to April 2005, Form EE-3 for April 2005 or after), then the appropriate field(s) must contain a 'Y' for Yes on this screen. If a field is not checked on the claim form, the following are acceptable: '-', 'N'.

(6) Filed dt. The date the claimant sends Form EE-1/2. This is the earliest of the following: postmark date or date stamp in the Resource Center or DO (but not earlier than July 31, 2001 for Part B or October 30, 2000 for Part E). The envelope must be kept with the claim form and put in the case file.

(7) Rcvd dt. The actual date the DO receives Form EE-1/2, as shown by date stamp.

(8) Signature dt. The date the claimant signed Form EE-1/2, but not earlier than October 30, 2000.

(9) Recvd RECA ind. For the questions "Have you (or the deceased employee) applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?" and "Have you (or the deceased employee) applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?" the CCC selects 'Y' if the "YES" box is checked on either question, or 'N' if the "NO" box is checked on both questions. If neither box is checked, the CCC leaves the indicator blank.

(10) Civil lawsuit ind. For the questions "Have you (or the deceased employee) filed a lawsuit seeking

Superseded

3. Receipt of Claim in District Office. (Continued)

either money or medical coverage for the above claimed condition(s)?" and "Have you (or the deceased employee) filed any workers' compensation claims in connection with the above claimed condition(s)?" and "Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition?" the CCC selects 'Y - SWC Checked Yes on Claim' if the "YES" box is checked on the claim form for either question, or 'N - SWC Checked No on Claim' if the "NO" box is checked. If neither box is checked, the CCC leaves the indicator blank.

b. Worksite. The CCC enters all relevant worksite information directly from the claimant's Form EE-3. This includes all potentially covered worksites and any contractor/subcontractor employment that either is or could possibly be directly related to Department of Energy (DOE) employment. The criterion is whether the CE must gather employment verification for that worksite.

If the CCC is unsure as to whether to enter a worksite, the CCC references the DOE Facility List, or seeks further guidance from a supervisor. If the CCC determines that a worksite might be a contractor or subcontractor, but the DOE facility to which the worksite is connected is undetermined, that worksite is entered with the worksite ID '0998 - Not specific in DOE table', and the contractor/ subcontractor name listed out in the 'Notes' field.

The following information for each worksite comes directly from Form EE-3:

(1) Position Title. This field matches the 'Position Title or Mine/Mill Activity' from Form EE-3.

(2) Work Start Dt. This date matches the 'Start Date' field on Form EE-3. The CCC enters the exact date entered on the form, unless the date is partially written. If the month or date is missing, the CCC enters '01/01' as the placeholder. For example, if the form shows 1969, the CCC enters 01/01/1969. If the date is left blank on Form EE-3, the CCC leaves the date blank.

Superseded

3. Receipt of Claim in District Office. (Continued)

(3) Work End Dt. This date matches the 'End Date' field on Form EE-3. The CCC enters the exact date shown on the form, unless the date is partially written. If the month or date is missing, the CCC enters '12/31' as the placeholder. For example, if the form shows 1969, the CCC enters 12/31/1969. If the date is left blank on Form EE-3, the CCC leaves the date blank in ECMS.

(4) Note. If the CCC enters the Worksite Desc field with the worksite ID for '0998 - Not specific in DOE table', then the contractor/subcontractor name is listed out in the 'Notes' field. Also, if there are several consecutive dates of employment at the same worksite with different contractors/ subcontractors, this can be entered under one worksite entry with the various dates and contractors/subcontractors listed out in the notes field.

(5) Dosim Badge Ind. The CCC completes this field with a 'Y' for Yes, 'N' for No, or leaves it blank based on the answer to the question "Was a dosimetry badge worn while employed?" on the Form EE-3.

(6) Badge No. If a badge number is provided on the Form EE-3, the CCC enters it in this field.

c. Medical Conditions. All reported conditions on Form EE-1/2 must be entered. If there are multiple claimants on a case and they claim different illnesses, generally all claimed illnesses must be entered for all claimants. The exception to this is when an employee files and then dies and the survivor claims something different or if a survivor specifically is not claiming an illness because he or she may have received a state workers' compensation or tort settlement. See EEOICPA PM 1-300 as to whether medical conditions should be entered into ECMS B, ECMS E, or both. The CCC looks at all the conditions claimed on Form EE-1 (Box 8) or Form EE-2 (Box 14) and matches each condition with a code from the list box in the Cond Type field on the Medical Condition Screen.

Superseded

3. Receipt of Claim in District Office. (Continued)

(1) If the claimant lists an occupational illness under Part B, each condition must be entered individually in the Cond Type field.

CODE	Covered Medical Condition Types
BD	Chronic Beryllium Disease
BS	Beryllium Sensitivity
CN	Cancer
CS	Chronic Silicosis
OL	Other Lung Conditions (Covered for RECA Only)
MT	Metastatic Cancer (Secondary cancers)

(2) For all cancer ('CN') and other lung ('OL') conditions, the CCC enters the specific type of cancer or lung condition reported on the claim form in the Notes text field.

(3) If the case is "B Only", and the claimant lists a non-covered condition, each non-covered condition must be entered individually in the Cond Type field in ECMS B. The CCC selects from the list box any conditions shown on the claim form.

For example, if the illness claimed is hearing loss, the CCC selects 'HL' from the list box in the Cond Type field on the Medical Condition screen. No further explanation is required in the Notes Text field, since the condition type indicates the condition reported.

(4) The CCC selects '99' (Other Condition - not in table) from the list box if the reported condition does not appear in the list box. He or she also types the reported condition in the Note Text field as it appears on the claim form.

For example, if the condition cuts/bruises is reported on the claim form, the CCC selects 99 from the list box and in the Note section types "cuts/bruises."

Superseded

3. Receipt of Claim in District Office. (Continued)

If the claimant lists multiple non-covered conditions which are not in the list box, the conditions can be listed under one '99' condition type, although each individual condition must be listed in the Note Text field.

(5) If no condition is reported on Form EE-1/2, the CCC selects 'NR' from the list box.

CODE	Non-Covered Medical Condition Types for Part B
99	Other Condition - not listed in table
AN	Anemia
AS	Asbestosis
BK	Back or Neck problems
BT	Benign Tumors, Polyps, Skin Spots
BU	Burns
CL	CLL (Chronic Lymphocytic Leukemia)
CT	Cataracts
DI	Diabetes
HF	Heart Failure/ Heart Attacks/Hypertension
HL	Hearing Loss
HM	Other Heavy Metal Poisoning (e.g. chromium, cadmium, arsenic, lead, uranium, thorium, and plutonium)
MC	Multiple Chemical Sensitivity
MP	Mercury Poisoning
NE	Neurological Disorder
NR	No condition reported
OL	Other Lung Conditions: Bronchitis; Asthma; Pulmonary Edema (Considered covered only for RECA claims)
PD	COPD (Chronic Obstructive Pulmonary Disease); Emphysema
PK	Parkinson's Disease
PL	Pre-Leukemia
PP	Pleural Plaques
PS	Psychological Conditions
RN	Renal Conditions (e.g. kidney failure, kidney stones)
TH	Thyroid Conditions (e.g. Hypothyroidism)

Superseded

4. General ECMS Coding. Each development action taken requires a claim status code entry. It is necessary to enter the claim status code only in the specific system, B or E, to which the development action pertains.

a. Part B Only. For these claims, all claim status coding is entered directly into ECMS B.

b. Part E Only. For these claims, all claim status coding is entered directly into ECMS E.

c. Part B/E Claims, Both Active. Where Part B and Part E are both still active (i.e., both are currently in development), all development actions (i.e., employment verification, medical or survivorship development) must be entered into both ECMS Part B and ECMS Part E if they apply to both.

For example, upon receiving a Form EE-5 back from DOE, the 'ER' code is necessary in BOTH systems. Since the case is B/E, the code is entered in ECMS B and ECMS E.

Note: Some ECMS entries (coding for Document Acquisition Request (DAR), Former Worker Protection (FWP) requests, Site Exposure Matrices (SEM) usually pertain to Part E development and are usually entered in ECMS E only. However, there are circumstances where DARs, FWP requests, and SEM searches are completed relevant to the development of the Part B case, such as placing an employee on Line 1. In these types of circumstances these usual E only codes can be entered in ECMS B.

d. Part E/B Claims, Only One Part Active. Where just one part is currently active (i.e., a final decision was issued previously under Part B of the claim, and the only part in development is Part E, or vice versa), development actions will be entered only in the system that corresponds to the currently active Part.

(1) To limit the number of key strokes and ensure that cases are keyed to the same location and transferred at the same time, some information on the first screen is shared between ECMS B and ECMS E. Case information, in addition to case notes and call ups, that automatically transfer between the two systems include:

Superseded

4. General ECMS Coding. (Continued)

- CE
- CE Assign Dt
- Dist Office
- Location
- Location Assign Dt
- Employee Name and Address fields
- Worksite fields

(2) However, when different medical conditions are claimed under Parts B and E, the development code is entered only in the relevant part.

For example, if cancer is claimed under Parts B and E, and asbestosis only is claimed under Part E, and a development letter is sent to the claimant requesting additional medical evidence for the Asbestosis claim, the 'DM' code is entered in ECMS E only.

5. Development of a Claim. Although the CCC enters certain data elements from EEOICPA forms, the CE verifies all data entered. The CE is also responsible for updating all data elements throughout the adjudication process.

a. Worksite/Employment Verification. The CE confirms that ECMS correctly identifies all relevant worksite information listed on the Form EE-3, and is responsible for updating the employment information throughout the claims process.

The CE keeps ECMS updated with the latest worksite information in the case file. This includes updating the worksite table with any newly claimed or verified employment. As employment is developed and verified, worksite and date information should be updated accordingly. For any worksite and dates that are verified, the notes field must be annotated with *V as the first 2 characters to indicate the employment listed on that line has been verified. Other notes can be entered in the notes field, but *V must be the first 2 characters if the employment has been verified. There could be multiple line items of verified employment if there are multiple employers and dates that are verified. Claimed employment that is not verified must also be retained in a separate

Superseded

5. Development of a Claim. (Continued)

line item (or line items if there are multiple dates of employers). If the verified employment is the same as the claimed employment, then only a *V needs entered in the notes field. Since all claimed employment was verified, there would be no need for a line item to show what was claimed and not verified.

Upon receipt of an employment verification (e.g. DOE, Corporate Verifier, SSA response, Other), the CE updates the following fields with as much information as possible from the verifier. (Note: Each worksite time period could possibly be verified from multiple sources. Therefore, if multiple verification sources are used to verify a single timeframe, be sure to enter the overall employment timeframe that is considered verified.)

(1) Covered Emp Ind - This field (located on the case screen) must be completed by the time of the Recommended Decision (RD).

If the CE determines that the employee has covered employment under the EEOICPA, the field must be 'Y' for Yes.

If the CE determines that the employee does not have covered employment, the field must be 'N' for No. (As long as any employment is verified, this field will become 'Y' for Yes.)

(2) Cov Emp Start Dt and Cov Emp End Dt - This field was created with the assumption that employment would be continuous, which is not always the case. Completion of this field is optional.

(3) Worksite Desc - The worksite can be selected by clicking on the 'worksite' button and entering a DOE facility name in the 'worksite description' line and pressing the 'Select' button. If the exact name in the table is unknown, enter at least the first letter of the facility name, and select 'Look Up' to see a list of facilities that meet the search criteria.

Superseded

5. Development of a Claim. (Continued)

If the facility is listed, highlight the correct choice and select the 'OK' button. The worksite can also be added by entering the worksite description number, if known, directly in the blank field next to the 'worksite' button.

If the CE determines that an employer might be a contractor or subcontractor, but it is undetermined where employment occurred, the worksite is entered with the worksite ID '0998 - Not specific in DOE table', and the contractor/ subcontractor name listed out in the 'Notes' field.

(4) Position Title - If the job title appears differently on the verification document received (e.g. DOE, Corporate Verifier, SSA response, Other) than it was listed on Form EE-3, the CE updates the field to reflect the verification document.

(5) Work Start Dt - The 'Work Start Dt' must match the 'From' or 'Start' date per the employer on the verification document received (e.g. DOE, Corporate Verifier, SSA response, Other).

(6) Work End Dt - The 'Work End Dt' must match the 'To' or 'End' date on the verification document received (e.g. DOE, Corporate Verifier, SSA response, Other). If the person is currently still working at the facility being verified, the CE enters the date the verification document was signed by the certifying official as the 'To Dt'.

(7) Note - This field is used at the CE's discretion. However, if the CE identifies that the employee worked for either a contractor or subcontractor, the CE enters the contractor/subcontractor name in this field.

b. RECA Indicator. The RECA Indicator shows whether the Department of Justice (DOJ) confirmed that the claimant or deceased employee received benefits under the Radiation Exposure Compensation Act (RECA). The RECA indicator must be entered on all EEOICPA cases. The CCC enters 'Y' for

Superseded

5. Development of a Claim. (Continued)

Yes or 'N' for No, based on what was checked on Form EE-1/2. This includes RECA and non-RECA cases in all four DOs.

(1) The following are entered directly from Form EE-1/2:

(a) 'Y' - Yes - The claimant checked the Y box(es) indicating that he or she or the deceased employee applied for an award under Section 4 or 5 of the RECA.

(b) 'N' - No - The claimant checked the N box(es) indicating that he or she or the deceased employee did not apply for an award under Section 4 or 5 of the RECA.

(2) If the CE determines, after reviewing the claim, that it may be a RECA claim filed by a uranium worker or a survivor of a uranium worker, the CE leaves the RECA Indicator (Y/N) blank, or as entered by the CCC, until confirmation is received from DOJ. After a confirmation letter is received from DOJ, the CE inputs one of the following RECA Indicator codes:

(a) '4' - Used when the employee or RECA survivor is confirmed as a RECA Section 4 award recipient.

(b) '5' - Used when the employee or RECA survivor is confirmed as a RECA Section 5 award recipient.

(c) 'X' - The claim is non-RECA. The CE may enter the X indicator at any time to confirm his or her determination that the case is non-RECA. That is, an X entry is not tied solely to receipt of a letter from DOJ that confirms non-RECA status. The X is also used if there is a confirmed RECA Section 4 eligibility where the claimant has opted not to accept the award.

Superseded

5. Development of a Claim. (Continued)

c. State Workers' Compensation (SWC) Indicator (EMCS E Only). This field reflects what is currently known about the status of any state workers' compensation claims.

(1) The following are entered directly from Form EE-1 or EE-2:

(a) 'Y - SWC Checked Yes on Claim' - The claimant checked the Yes box on Form EE-1/2, indicating that the employee/claimant filed a state workers' compensation claim.

(b) 'N - SWC Checked No on Claim' - The claimant checked the No box on Form EE-1/2, indicating that the employee/claimant has not filed a state workers' compensation claim.

(2) During development, the CE/Hearing Representative (HR) updates this field to reflect the current status of the employee/claimant's state workers' compensation claim. The State Workers' Compensation Indicator must be entered on all Part E cases, even if no SWC claim was filed.

(a) 'X - Confirmed No SWC Claim' - Used when the employee/claimant is determined to have not filed a state workers' compensation claim.

(b) 'R - Benefits Rec'd; Reduce Comp' - Used when the employee/claimant is determined to have received benefits from state workers' compensation for an accepted Part E medical condition where compensation benefits must be reduced.

(c) 'S - SWC; No Reduce Comp' - Used when the employee/claimant is determined to have state workers' compensation, but there is no reduction in benefits required. This code is also used in the case of a denied SWC claim where the employee received no benefits.

Superseded

5. Development of a Claim. (Continued)

(d) 'P - SWC Pending' - Used when the employee/ claimant is determined to have a state workers' compensation claim that is currently pending.

(3) Once the existence of a SWC claim is verified, the CE accesses the 'SWC State' drop-down box and selects the state in which the SWC claim was filed (e.g.,'OH' if the claim was filed in the State of Ohio).

d. SEC Description. Completion of this field is no longer required. Historically, if the employee claimed to have worked at an SEC worksite, the CCC or CE was to identify the worksite in the SEC description field. This field recorded that an SEC facility had been claimed, not that it had been verified.

e. Employment Classifications. As discussed in Paragraph 3.b(5), if any field (DOE, Atomic, Beryllium, Uranium, Other) is checked on the claim form (Form EE-1/2 prior to April 2005, Form EE-3 for April 2005 or after), then the appropriate field(s) must contain a 'Y' for Yes on this screen. If a field is not checked on the claim form, the following are acceptable: '-', 'N'.

These fields are initially completed when the case is created and they are NOT tied to any employment verification received back from any source.

For example, if a claimant checks "Atomic Weapons Facility" on the claim form, this field should be changed to 'Y'. If it turns out the employee did not work at an AWE, or employment was not verified at an AWE, this field does not need to be updated to reflect that lack of employment.

However, the CE must update these fields in certain circumstances to reflect something other than 'Y', '-', or 'N'. These circumstances are outlined below.

(1) Since there is no "Subcontractor" field in ECMS, if the CE determines that an employee could have worked for a subcontractor at a DOE facility, he or she must update the 'DOE' field with an 'S'.

Superseded

5. Development of a Claim. (Continued)

(a) If Form EE-3 or another type of employment documentation (e.g., affidavit) shows that the employee worked for a private employer at a DOE facility (e.g., Joe's Electric Company at Hanford), and the CE determines that a reasonable link exists between the employer (a subcontractor) and a DOE facility, the CE identifies the case as one with a subcontractor.

To do this, the CE selects 'S' (a subcontractor at a DOE facility has been identified) from the DOE list box in the Employment Classifications Field, Case Screen. The 'S' code permanently replaces the 'Y' code in the DOE list box.

(b) After entering the 'S' code, the CE continues to develop the employment aspect of the claim to determine whether employment can be verified with a DOE subcontractor. If the CE determines that the employee did not work for a verified subcontractor at a DOE facility, the 'S' code remains in the DOE list box (Employment Classifications Field, Case Screen).

For the 'S' code to be used, employment with a subcontractor at a DOE facility need not be confirmed, but there must be evidence that such employment was claimed.

(c) The CE enters the 'S' code only once regardless of whether the employee worked for one or multiple DOE subcontractors.

(2) If the CE reviews claimed AWE employment and determines that the period is entirely outside of the weapons-related production period and either partially (meaning partially during the residual contamination period and partially after the residual contamination/ non-covered period) or entirely during the site's period of residual radioactive contamination, the CE enters an 'R' into the AWE worksite indicator field. The 'R' represents that employment at an AWE site is qualifying solely on the basis of residual contamination.

Superseded

5. Development of a Claim. (Continued)

This code has not always been in existence and must be backfilled for prior claims as encountered. If employment at multiple AWE sites is claimed and at site's qualifying employment is solely due to residual radiation, utilize the 'R' code.

f. Claim Status History Coding. Generally, for every development action taken by the CE, there is a corresponding claim status history code to document that action. And for every claim status code, there must be corresponding file documentation. See Paragraph 6 below for detailed instructions for claim status history coding.

g. Coding Actions Taken by RC. Where the claim was filed at the RC, the RC prepares a memorandum accompanying all submissions of claim materials to the DO/CE2 Unit for case create. The memo chronologically outlines RC actions. The CE reviews the memo and enters the proper coding into ECMS to correspond with the date of occurrence in the RC. No coding is done at the RC.

(1) The CE deletes the 'UN' code upon entry of the code indicating a RC action took place on a date prior to the case create date, since all RC actions must be entered into ECMS corresponding with the actual date upon which they took place.

(2) The CE enters the 'OR' claim status code to correspond with the date on which the ORISE search took place at the RC. The ECMS status effective date is the date the RC searched ORISE. The code is entered whether the ORISE search confirms employment or not.

(3) The CE enters the 'ES' and/or 'CS' claim status code(s) with a status effective date of the date on which such action(s) was taken in the RC. If the CE enters an 'ES', he or she then enters the appropriate reason code from the drop down menu, which includes the Operations Center and that Form EE-5 was sent [e.g., 'AL5 - Albuquerque Operations Office (EE-5)']

(4) The CE enters the 'DO' claim status code, and selects the reason code 'OH - Occupational History'

Superseded

5. Development of a Claim. (Continued)

with a status effective date of the date on which the occupational history questionnaire (OHQ) was completed by the RC as noted on the RC memo to the DO. (This applies to completion of OHQs from follow-ups and reworks, discussed below, as well.)

The CE should also "close out" the OHQ assignment (or follow-up or rework) in this manner if the RC attempted to complete the OHQ, but was unsuccessful because the claimant could not be reached or refused to complete it. The status effective date in this type of situation is the date of the RC memo to the DO/CE2 Unit explaining why the OHQ could not be completed.

Note: If the OHQ is completed by an authorized rep, it is not valid and should not be coded as completed in ECMS.

(5) The CE enters the 'RC - Resource Center' claim status code when making assignments to the RC on identified existing cases in ECMS that require occupational history development. The CE selects the appropriate reason code from the drop down menu to reflect the appropriate type of assignment to the RC:

(a) 'AS' - Assignment - This reason code is selected when an initial assignment for an OHQ is made to the RC. For example, a claim is filed with the DO instead of the RC and the OHQ needs to be completed. The status effective date is the date of the DO memo to the RC outlining the assignment task.

(b) 'FW' - Follow-up - This reason code is selected when the DO/CE2 Unit identifies a need for a follow-up interview because of issues that arise out of development. The status effective date is the date of the DO/CE2 Unit memo to the RC outlining the follow-up task.

(c) 'RK' - Rework - This reason code is selected when an error is found in the final product from the RC. Reworks are not generated out of an issue

Superseded

5. Development of a Claim. (Continued)

identified by the DO as an area in need of additional development, but arise when the CE identifies a deficiency (i.e., incomplete or inaccurate data).

The status effective date is the date of the DO/CE2 Unit's memo to the RC outlining the rework task.

h. Employee Medical Condition. The CCC enters information directly from the claimant's Form EE-1 or EE-2. The CE updates ECMS with additional medical information as it is received, including new, relevant medical conditions that are reported or discovered during development of the case. The CE is responsible for updating ECMS with the latest medical information in the case file.

ECMS requires entry for each employee's medical condition(s) for each claimant. For multiple claimants, the CCC enters and the CE updates all medical conditions claimed for each claimant. [Note: the CE enters and updates any new medical conditions identified for data entry while in the development process.]

(1) Reported Ind - If the claimant reported the medical condition on Form EE-1 or Form EE-2, this field will be 'Y', for Yes. If the CE discovers another medical condition that needs to be developed, the CE enters the new medical condition with the 'Reported Ind' field as 'N', for No.

(2) Cond type - The CE verifies the accuracy of the information entered by the CCC and makes changes as needed. Every condition claimed is entered as a medical condition for each claimant. Even if claimants claim different medical conditions, and they all pertain to the employee, each must be entered for each claim into ECMS B and/or E.

For example, if there are two child claimants, C1 and C2, where C1 claims lung cancer and C2 claims prostate cancer, both C1 and C2's claim screens would reflect both lung and prostate cancer.

Superseded

5. Development of a Claim. (Continued)

The CE updates the Condition Type field on the Medical Condition screen as new conditions are reported or discovered (possible work-related or covered conditions only, as well as all secondary cancers) during case development. The CE enters these updates as they occur.

(3) Diagnosis dt - The claimant might list a diagnosis date on Form EE-1 or EE-2, and if so, the CCC enters the date. However, this date is not always accurate, and the CE must confirm the date through the medical evidence. The diagnosis date is considered the earliest date of any test, pathology or doctor's report evident in the case file referring to the diagnosis of the covered condition.

(4) ICD9 - The ICD9 can be selected by either clicking on the 'ICD9' button and entering a medical condition (or just alpha characters) in the 'V14 ICD9 description' line, and pressing select, or entering the ICD9 number directly in the blank field next to the 'ICD9' button.

This field is required for all conditions where the case file is being sent to NIOSH, and for all conditions that are 'Accepted'. An ICD9 is not required for non-covered conditions in ECMS B, or for medical conditions that are 'Denied' (unless the case was sent to NIOSH) or 'Reported'.

(5) Note - This field is used at the CE's discretion. However, if the employee has a condition not specifically listed in the 'cond type' field, so the condition type is '99-Other (Not Listed)', the CE enters (or assures that the CCC entered) the medical condition claimed in this field.

(6) Cond status - This status code represents the outcome of each claimed medical condition at the time of the decision. Generally, this is coded at time of recommended decision. However there are some exceptions, such as when the DO or CE2 Unit renders a decision on a consequential injury or inputs a prior approval for medical bill payments. Another exception

Superseded

5. Development of a Claim. (Continued)

would be if the decision on a medical condition is remanded, reversed, or vacated.

(a) Using the 'R' status code: In the creation of a medical condition entry or in the adjudication of a claim, the medical cond status list box in the Medical Condition screen will default to an 'R' status code. The 'R' status code equals what is 'Reported' by the claimant, usually on Form EE-1 or EE-2.

The medical condition status will remain 'R' until a recommended decision is rendered on that condition. Essentially, 'R' equals pending adjudication. So, if a decision is issued that defers a decision on a medical condition, that condition's medical condition status will remain in an 'R' status.

If the decision on a medical condition is remanded or vacated, its medical condition status should be changed back to 'R' until a new recommended decision is issued.

(b) When a recommended decision is issued that accepts a medical condition, the medical condition status for that condition is changed from an 'R' (Reported) to an 'A' (Accepted). An 'A' code indicates that medical benefits associated with that condition should be paid for an employee claimant or that a survivor is eligible for benefits related to the employee's development of that condition. The DO/CE2 Unit can also enter 'A' to award medical benefits for consequential injuries or for bills to be paid on prior approvals.

Note that for employee cases, use of the 'A' code alone will not create an eligibility file for medical benefits. All of the coding discussed in Paragraph 2 of Chapter 2-2100, including a final decision code to accept, must be completed before medical bills will be payable. The FAB must ensure the associated medical coding is correct.

Superseded

5. Development of a Claim. (Continued)

(c) When a recommended decision is issued that denies a medical condition, the medical condition status is changed from an 'R' to a 'D' (Deny). A 'D' code is used any time a condition is being denied, whether the denial is for insufficient medical evidence, inability to establish causation, lack of covered employment, or ineligibility of the survivor. If the condition is not being accepted or a decision on that condition is not being deferred, it is denied.

(d) When a claim for a condition is withdrawn, the associated medical condition field(s) must be deleted, a note entered into ECMS case notes, and the file documented. If it is the only claimed condition, the claim can be administratively closed.

(e) When a case is known to be affected by a surplus where the employee's medical bill payment must be suspended until the surplus is absorbed, the FAB representative changes the affected medical condition from an 'A' to an 'O' (Offset) status. This prevents medical bills from being paid related to that condition until the surplus is absorbed and the 'O' status is changed back to an 'A'. The remaining medical related coding for offset cases is the same as outlined in this chapter.

(7) Status effect dt - This field defaults to blank whenever a condition is entered on the medical condition screen. This field must be changed for all 'A' medical conditions. The 'status effect dt' is equal to the 'filed dt' for all claimed conditions. This field is required for all employee and survivor claims on accepted medical conditions.

For consequential illnesses that are being accepted, the status effective date is equal to the filing date of the underlying accepted condition.

(a) For multiple survivor claims, ECMS does not allow a status effective date earlier than the

Superseded

5. Development of a Claim. (Continued)

claim filing date. The CE enters each survivor's own claim filing date. This field is only required for Accepted medical conditions.

(b) For all medical conditions with the medical status condition of 'R' or 'D', no date is necessary. [In earlier versions, ECMS used to default this field to the current date. It is not considered an error if there is a date entered for conditions of the 'R' or 'D' status.]

(8) Elig end dt - This field remains blank unless there is an actual end date to the eligibility of medical benefits. The 'Elig end dt' must be filled in when a condition is 'A' and the case file has a recommended or final decision to accept, and the CE is aware of an end date for medical benefits. This happens when an employee files a claim for benefits and then dies during or after adjudication, and some medical bills will be covered prior to death, or a consequential illness is only acceptable over a period of time, or for prior approvals that should be paid for a specific day or period of time. Otherwise, the field remains blank.

(9) PoC (Probability of Causation) - After the CE runs the National Institute for Occupational Safety and Health (NIOSH) Interactive RadioEpidemiological Program (IREP), the results of the 'PoC' are entered. [If the case is a B/E case, the PoC (and date and version of IREP) is entered into ECMS B and ECMS E.]

For a single cancer, the total from the '99th Percentile' line is entered in this field. For multiple cancers, the CE runs each primary cancer 'Probability of Causation for Multiple Primary Cancers'. The grand total, under 'Result: Total PC', is entered for PoC for each cancer included.

For every cancer included on the NIOSH Referral Summary Document (including any Amended NRSD), a PoC is required in that medical condition's PoC field, even if an IREP is not run for that particular cancer.

Superseded

5. Development of a Claim. (Continued)

For example, if three primary cancers are sent to NIOSH, and the dose reconstruction includes an IREP for only one cancer since the PoC is already over 50%, the total result is entered for all cancers sent to NIOSH.

If there are additional metastatic cancers that are not sent to NIOSH, the PoC result is not entered in ECMS for these cancers. The med cond status, however, must be updated to 'A' or 'D' based on the result of the dose reconstruction.

(10) PoC dt - The PoC date is the date the NIOSH-IREP is run in the DO/CE2 Unit, as reflected on the NIOSH IREP Probability of Causation Results printout.

(11) IREP version - The CE takes the NIOSH-IREP version directly from the CDC/NIOSH website. For example, the IREP heading states, 'Interactive RadioEpidemiological Program, NIOSH-IREP v5.2'. The actual IREP version is '5.2'. The CE enters 5.2 in this field. The version is also listed on the NIOSH IREP Probability of Causation Results printout. For CLL cancer-only, where no IREP is run, the CE enters 'N/A' in this field.

i. Medical Exceptions for ECMS Coding. There are two exceptions to the above coding requirements. One occurs when an employee files a claim and dies prior to an acceptance, and the other occurs when the CE must set up payment options for medical appointments, consultants and records before the case is accepted.

(1) Since ECMS was set up to download medical information from employee claims to the eligibility file that is used by the bill processing agent, the employee's claim needs to be updated with certain data to allow for payment of medical bills between the employee's filing date and date of death, even though the final decision to award those benefits is coded on the survivor's claim.

To ensure that data is properly downloaded for medical benefits, the CE must ensure the following is

Superseded

5. Development of a Claim. (Continued)

completed on the employee's claim prior to entering the final decision code on the survivor's claim:

(a) Enter the employee's date of death on the case screen.

(b) Enter the 'C3' claim status code, with a status effective date of the date when the Resource Center, DO/CE2 Unit, or FAB was notified of the death (i.e., phone call, letter), whichever is earlier.

(c) For ALL accepted medical conditions on the case, the CE enters or updates the following information for the employee claim:

(i) Correct medical condition type.

(ii) Correct ICD-9 of the condition.

(iii) Med cond status of 'A' (for accepted).

(iv) Status effective date, which is the employee's claim filing date.

(v) Eligibility end date, which is the employee's actual date of death.

(2) When a case is referred to a District Medical Consultant (DMC), sent out for a second opinion, or approved for payment of fees for the release of medical records to DOL, the CE uses ECMS to set up the 'prior approval' process through the medical bill processing contractor. The CE enters the prior approval as if entering a new medical condition. The following fields are required:

(a) cond type - Select 'PA', for prior approval

(b) ICD-9 code - See chapter 2-0800 for the appropriate ICD-9 code to enter in different situations.

Superseded

5. Development of a Claim. (Continued)

(c) status effective date - Enter the date of the medical exam for second opinions, or the date of referral for DMC or authorization for medical records.

(d) eligibility end date - Enter the date of the medical exam for second opinions, or the date of the DMC's response or medical records are date-stamped as received in the DO.

(e) medical condition status - Change the medical condition status to 'A'.

j. Payee Information. The CCC enters information directly from the claimant's Form EE-1 or EE-2.

(1) Change of Address and/or Phone Number - If address changes are documented, the CE forwards that information to the PCA (Payee Change Assistant) to update ECMS. The CE updates ECMS with any changes to the claimant's telephone number.

(2) Eligibility Ind - This field identifies whether or not a claimant is eligible for compensation, either in the form of a lump sum payment or medical benefits. This field defaults to 'N', for No, and the CE updates the 'Eligibility Ind' only if a case is in posture for a Recommended Accept decision. The 'Eligibility Ind' is then changed to 'Y', for Yes. During adjudication, and if the case is in posture for a Recommended Denial decision, the indicator remains 'N', for No.

6. Claim Status History Coding. Generally, for every development action the CE takes, there is a corresponding claim status history code to document that action. And, for every claim status code, there must be corresponding file documentation.

Only development actions taken on that particular claim are to be entered for a claimant. For example, any employment action codes to DOE, Corporate Verifiers, or SSA are related to all claims in the case, and are entered for each claimant. However, if individual development actions are related to a particular

Superseded

6. Claim Status History Coding. (Continued)

claimant(s) only, then the claim status codes are entered for the applicable claimant(s) only.

Note: Telephone calls recorded in the Telephone Management System (TMS) do not qualify as actions that require a claim status code (except for telephone calls to a corporate verifier, see 'DE' and 'CS' coding, discussed in this chapter).

If, for example, the CE telephones the claimant and asks for medical documentation, that is not considered the development action. The CE follows up in writing for any requested information sought over the telephone. For the letter documenting the requested information, the CE enters the appropriate claim status coding. The following are the current claim status codes, organized by action type:

a. Development Action Codes. When selecting which code to enter, the development code is to be as specific as possible to the corresponding action. If there are multiple issues included in one letter, select the development code that best fits the overall content.

For example, if a single letter requests both medical 'DM' and survivor 'DO' information, the CE would select 'DO' because it represents the contents of the letter better than 'DM', which would exclude the survivorship development. Only one code is to be entered, since the development was done in one letter.

Since every development action requires a development code, if two actions are taken on the same date, such as requesting medical information from the claimant and sending a NIOSH smoking history questionnaire, these are different actions. The development letter is coded 'DM', while the NIOSH smoking history questionnaire is coded 'DO.' Even though they might be mailed in the same envelope, they are still considered separate actions.

Only development actions pertinent to the adjudication of the claim require a code. Items such as acknowledgement letters do not require a code.

(1) DB - 'Developing Both Medical and Employment'- For development that includes both medical and employment,

Superseded

6. Claim Status History Coding. (Continued)

the CE enters the 'DB' code. This could be either one development action that includes both medical and employment, or two separate actions, one for medical and one for employment, but completed on the same date.

This should not include initial employment verification requests or follow-up on employment verification to DOE, SSA, CPWR, or a corporate verifier. [All initial requests require use of the 'ES', 'CS', 'SS', or 'US' code with the appropriate reason code, and follow-up to the various employment verification sources requires use of the 'DE' code with the appropriate reason code.]

The status effective date is the date of the letter.

(2) DE - 'Developing Employment' - When developing initial or follow-up employment directly with the claimant, searching the subcontractor database, or as a follow-up to DOE (for DARs or EE-5s), a corporate verifier, CPWR, or the SSA, the CE enters the 'DE' (Developing Employment) claim status code.

The status effective date of the 'DE' code is either the date of the letter to the claimant, the date the subcontractor database is searched, or the date of the follow-up action to the employment verifier. 'DE' is not used for initial development to employment verifiers (except for the CPWR database search), only follow-up.

Certain verifiers (e.g. corporate verifiers, SSA) have asked to be contacted by telephone. The printout of the telephone call will serve to document the development action for those. The CE enters the 'DE' with the status effective date of the telephone call. Verification will still need to be in writing.

Upon entry of the 'DE' code, the CE selects a specific reason code from the 'reason cd' field. This field is a drop-down box that corresponds with the 'DE' claim status code. Included in the reason cd field are both

Superseded

6. Claim Status History Coding. (Continued)

the full reason for the 'DE' code and a two-character code representing each option. The reason codes available for the 'DE' claim status code are:

(a) Follow-up Letter to Claimant/Other(s) - 'LE' - Used for initial or follow-up letters mailed directly to the claimant or other entity (for miscellaneous employment issues, such as affidavits or subcontractor issues) when asking for employment clarification or information.

(b) Follow-up to DOE - 'DE' - Used exclusively for follow-up to the DOE for employment verification (EE-5).

(c) Follow-up to Corporate Verifier -'CS' - Used exclusively for follow-up to a Corporate Verifier.

(d) Follow-up to CPWR - 'US' - Used exclusively for follow-up to CPWR.

(e) Follow-up to SSA - 'SS' - Used exclusively for follow-up to the SSA.

(f) Document Acquisition Request - 'DAR' - Used for DAR second requests.

(g) CPWR Subcontractor Database Searched - 'CD' - Used when the CPWR subcontractor database is searched.

(3) DJ - 'Developing Department of Justice' - Deactivated. This code was used when a letter was sent to the DOJ requesting Section 5 award status, but it has been deactivated.

(4) DM - 'Developing Medical' - For any medical development the CE enters the 'DM' code, whether or not there is a claimed covered condition. If the CE sends a letter to the claimant stating that no covered condition was claimed, or if a covered condition is claimed and more medical evidence is sought, either from the claimant or a physician/hospital, the 'DM'

Superseded

6. Claim Status History Coding. (Continued)

code is used. This includes any initial development and/or follow-up.

The status effective date is the date of the development action. Upon entry of the 'DM' code, the CE has the option to select a reason code.

A reason code is not required for general medical development as listed above. However, there are two types of specific medical development letters that do require a reason code. The reason codes available for the 'DM' claim status code are as follows:

(a) DMB - Deny Specific Medical Benefits on Accepted Conditions - This reason code must be selected when an initial letter is sent to deny a specifically requested medical benefit (that is not currently being paid) on an accepted condition.

For example, a claimant requests a vehicle modification, but it is deemed "not medically necessary," and the request is denied. If the claimant challenges the decision, a more formal decision is required (see the decision coding section in Chapter 2-2100.)

(b) RMB - Reduce Medical Benefits on Accepted Condition - This reason code must be selected when an decision is made to reduce a medical benefit that is currently being paid for an accepted condition.

For example, an employee was receiving home health care, but upon further evaluation, it is determined that the in-home health care is unnecessary and will no longer be a covered medical expense. If the claimant challenges the decision, a more formal decision is required (see the decision coding section in Chapter 2-2100.)

(5) DO - 'Developing Other'- When sending an initial or follow-up letter that does not solely address medical or employment issues, but includes some other

Superseded

6. Claim Status History Coding. (Continued)

development action (e.g., survivorship), or when sending initial or follow-up NIOSH questionnaires, the CE enters the 'DO' code with no associated reason code.

The status effective date is the date of the development letter. More specific development actions can be captured by selecting one of the following from the corresponding reason code drop down menu:

(a) OH - 'Occupational History' (E only) - Selected to reflect that an OHQ was completed or attempted.

(b) IM - 'Impairment' (E only) - Selected when letter developing impairment is sent.

(c) TD - 'Toxic Exposure Development' (E only) - Selected when a letter developing toxic exposure is sent.

(d) WL - 'Wage Loss' (E only) - Selected when a letter developing wage loss is sent.

(e) WI - 'Wage Loss and Impairment' (E only) - Selected when a letter developing wage loss and impairment is sent.

(f) E12 - 'EN/EE-12 Sent' (E only) - Form EN/EE-12 Sent.

(g) E10 - 'EN/EE-10 Sent' (E only) - Form EN/EE-10 Sent.

(6) 'SM' - Site Exposure Matrix (SEM) Searched - The CE enters this code into the claim status history when searching SEM for the first time. No coding is required for additional SEM searches unless SEM is consulted to develop causation for another claimed condition at another time.

Regardless of the outcome of the SEM search, the CE places the search results in the case file to show that the search was conducted. The status effective

Superseded

6. Claim Status History Coding. (Continued)

date of the code is the date of the search, as reflected on the bottom right hand corner of the SEM printout.

b. Medical Action Codes.

(1) MS - 'Sent to Medical Consultant' - When a CE identifies a case for referral to a District Medical Consultant (DMC) or medical expert, the Medical Scheduler prepares the file for mailing. If the Medical Scheduler has claim status coding capability, he or she must enter the 'MS' code into ECMS. Otherwise, the Medical Scheduler must notify the CE once the package is mailed to the medical specialist so the CE can enter the 'MS' code.

The status effective date for the 'MS' code is the date of the cover letter of the referral package to the DMC. When entering the 'MS' code, the CE must select the appropriate reason code that describes the subject matter of the request.

The reason codes available are:

(a) Impairment (E only)- 'IM' - Used for a referral related to an impairment evaluation.

(b) Causation (E only)- 'CA' - Used for a referral related to establishing causation.

(c) Medical Condition Referral - 'MC' - Used for a referral related to establishing a claimed illness.

(d) Wage Loss (E only) - 'WL' - Used for a referral related to establishing wage loss.

(e) Other/Referred for Multiple Issues - 'OT' - Used for a referral encompassing several different reasons or any reason not listed above.

(2) MR - 'Received Back from Medical Consultant' - Upon completion of the review, the DMC returns the narrative report and the completed HCFA-1500 to the CE

Superseded

6. Claim Status History Coding. (Continued)

within 30 days of the referral. Upon receipt of the narrative report and the bill, the CE enters the code 'MR'.

The status effective date for the 'MR' code is the date the report from the DMC is stamped "received" by the DO. If the report received is insufficient, the CE should not code the MR code until a corrected report is received. When entering the 'MR' code, the CE must select the appropriate reason code that describes the subject matter of the response. The reason codes available are:

(a) Impairment (E only)- 'IM' - Used for a response related to an impairment evaluation.

(b) Causation (E only)- 'CA' - Used for a response related to establishing causation.

(c) Medical Condition Referral - 'MC' - Used for a response related to establishing a claimed illness.

(d) Wage Loss (E only) - 'WL' - Used for a response related to establishing wage loss.

(e) Other/Referred for Multiple Issues - 'OT' - Used for a response encompassing several different referral reasons or any reason not listed above.

(3) 2S - 'Sent for 2nd Opinion'- When a CE identifies a case requiring a medical second opinion, the Medical Scheduler prepares the documentation for mailing. If the Medical Scheduler has claim status coding capability, he or she must enter the '2S' code into ECMS. Otherwise, the Medical Scheduler must notify the CE once the package is mailed to the medical specialist so the CE can enter the '2S' code.

The status effective date for the '2S' code is the date of the cover letter of the referral package. When coding the '2S' code, the CE must select the

Superseded

6. Claim Status History Coding. (Continued)

reason code that describes the subject matter of the request. The reason codes available are listed below:

(a) Impairment (E only)- 'IM' - Used for a second opinion examination in support of impairment.

(b) Causation (E only)- 'CA' - Used for a second opinion examination in support of causation.

(c) Medical Condition Referral - 'MC' - Used for a second opinion examination in support of establishing a claimed illness.

(d) Wage Loss (E only) - 'WL' - Used for a second opinion examination in support of establishing wage loss.

(e) Other/Referred for Multiple Issues - 'OT' - Used for a second opinion examination encompassing several different referral reasons or any reason not listed above.

(4) 2R - 'Received 2nd Opinion' - Once the CE receives the medical narrative from the second opinion specialist and determines that it adequately addresses the CE's questions, the CE enters the '2R' code.

The status effective date for the '2R' is the date the medical narrative is date-stamped in the DO. When entering the '2R' code, the CE must select the reason code that describes the subject matter of the response. The reason codes available are:

(a) Impairment (E only)- 'IM' - Used for a response related to a second opinion examination in support of impairment.

(b) Causation (E only)- 'CA' - Used for a response related to a second opinion examination in support of causation.

(c) Medical Condition Referral - 'MC' - Used for a response related to a 2nd opinion examination in support of establishing a claimed illness.

Superseded

6. Claim Status History Coding. (Continued)

(c) Wage Loss (E only) - 'WL' - Used for a response related to a second opinion examination in support of establishing wage loss.

(e) Other/Referred for Multiple Issues - 'OT' - Used for a response related to a second opinion examination encompassing several different referral reasons or any reason not listed above.

c. Employment Action Codes.

(1) CS - 'Employment Verification Request Sent to a Corporate Verifier' - When an initial employment verification request is sent to a corporate verifier, the CE enters the 'CS' code. A 'CS' code is entered for each initial request. If the CE sends requests to two different corporate verifiers, then the CE enters two 'CS' codes.

The status effective date is the date of the letter to the corporate verifier. If the request is faxed, it is the date the fax was sent. (When the CE follows up on the initial request, no 'CS' claim status code is entered; rather, the CE enters the 'DE' claim status code with the 'CS' reason code.)

Certain corporate verifiers have asked to be contacted by telephone. For those verifiers, the printout of the telephone call serves to document the development action. The CE enters the 'CS' with the status effective date of the telephone call.

(2) CR - 'Complete Employment Verification Received from a Corporate Verifier' - The CE uses the 'CR' code only when the response from the corporate verifier is sufficient to establish that all information available has been provided. Such a response may address all of the claimed employment, or it may address some or none of the employment, if the corporate verifier notes that no other information is available. Such a response may also state that the corporate verifier has no employment records for the individual.

Superseded

6. Claim Status History Coding. (Continued)

The status effective date of the 'CR' code is the date the DO/CE2 Unit received the response, i.e., the date the written response is received.

The 'CR' code is NOT used when a follow-up to the corporate verifier is required because the response is returned blank, the information provided is confusing or incomplete, or the response does not indicate which period of employment is or is not verified.

(3) EC - 'Employment Verification Process Complete' - When multiple "sent" codes ('ES','CS') exist, and the CE receives a single response that confirms all outstanding employment dates, the claim is coded 'EC'. The 'EC' code signifies that a response has been received that fully addresses the employment issue and that further employment development is unnecessary.

The CE also uses the 'EC' code when issuing RDs to deny benefits if he or she determines that further development of the employment verification issue is unnecessary, since other evidence (or lack thereof) will result in a recommended denial. Only one 'EC' code is used no matter how many outstanding "sent" codes are in ECMS.

Whenever an 'EC' code is entered into ECMS, the CE completes the EC Code Justification Memo (Exhibit 1) for the case file. The status effective date of the 'EC' code is the date of the EC Code Justification Memo.

(4) ES - 'Employment Verification Sent to DOE'- This code is used when a Form EE-5 is sent to the DOE, when a Document Acquisition Request (DAR) is made, or when the initial contact letter is sent to DOJ requesting employment verification/RECA award status.

When an employment information request is sent to the DOE or DOJ, the CE enters the 'ES' code. An 'ES' code is entered for each initial request sent to a DOE Operations Center or DOJ. If the request is sent to

Superseded

6. Claim Status History Coding. (Continued)

two different Operations Centers, then the CE enters two 'ES' codes.

The status effective date is the date the request is made. (When the CE follows up on the initial request, no 'ES' claim status code is entered; rather, the CE enters the 'DE' claim status code with the appropriate reason code. For follow-up to DOJ if no response has been received, the CE enters a 'DO' code with corresponding case note).

(a) For EE-5 (or DOJ) employment verification requests, the CE selects the DOE Operations Center and notes the sending of a Form EE-5 from the 'reason cd' field that corresponds with the 'ES' claim status code being recorded. The three-character code and the DOE Operations Center to which the Form EE-5 is sent are included on the same line, so only one selection will be made from the drop-down box.

For example, if Form EE-5 is sent to the Chicago Operations Center, the CE selects 'CH5 - Chicago Operations Center (EE-5)' from the 'reason cd' drop-down menu. For the initial contact letter sent to DOJ requesting employment verification/ RECA award status, the CE selects 'RE5 - RECA employment (EE-5)' from the 'reason cd' drop-down menu.

Note: If a CE sends one Form EE-5 to one Operations Center, and that Operations Center sends a copy of Form EE-5 to more than one facility for response, the CE enters one 'ES' code for the appropriate Operations Center.

(b) For DARs, the CE selects the appropriate reason code from the drop down menu that reflects that a DAR was sent, as well as where it was sent (e.g., 'ALD - Albuquerque Operations Office (DAR]'). The 'ES' code is equipped with drop down boxes that include a breakdown of DOE Operations Centers for DAR submissions sent to DOE. The CE

Superseded

6. Claim Status History Coding. (Continued)

selects the proper DOE Operations Center from the drop down box when submitting the DAR package.

The ECMS status effective date of the code is the date reflected on the DAR request form.

DARs can also be made to the DOJ on RECA cases. In these types of cases, the CE will select the reason code 'RED - RECA Employment (DAR)'.

(5) ER - 'Employment Verification Received from the DOE' - The CE uses the 'ER' code when the DAR response is received, when the DOJ response is received, or when Form EE-5 from DOE is sufficient to establish that all the information available has been provided (i.e., the response addresses all of the claimed employment; addresses some, or none, of the employment, if DOE notes that they have no other information; or states that DOE has no employment records for that individual.)

The 'ER' date is the date the response is date-stamped in the DO. The 'ER' code is NOT used if Form EE-5 is returned blank, or the information provided is confusing or incomplete, or the response does not indicate which period of employment is or is not verified.

(a) For EE-5 (or DOJ employment/award) responses, the CE selects the DOE Operations Center from which a Form EE-5 was received from the 'reason cd' field that corresponds with the 'ER' claim status code being recorded. The three-character code and the DOE Operations Center from which Form EE-5 is returned included on the same line, so only one selection will be made from the drop-down box.

Example 1: If Form EE-5 is returned from the Chicago Operations Center, the CE selects 'CH5 - Chicago Operations Center (EE-5)' from the 'reason cd' drop-down menu. The CE enters an 'ER' for each Form EE-5 received from the Operations Center(s).

Superseded

6. Claim Status History Coding. (Continued)

Example 2: If the CE receives one Form EE-5 from the Richland Operations Office and another from the Ohio Field Office, the CE enters the 'ER' code with reason code 'RI5-Richland Operations Office (EE-5)' for Richland, and a separate 'ER' code with reason code 'OF5-Ohio Field Office (EE-5)' for the Ohio Field Office.

If a CE sends one Form EE-5 to one Operations Center, and that Operations Center sends a copy of Form EE-5 to more than one facility for response, the CE enters one 'ES' code for the appropriate Operations Center.

Where DOE notifies the CE as to how many copies the Operations Center sent to the facilities (oftentimes Oak Ridge Operations Office), or when the CE is aware that multiple Forms EE-5 are expected from that original inquiry, the CE enters the corresponding 'ER' code only after all anticipated EE-5 forms are returned.

Note: If an unsolicited Form EE-5 is received after a documented Form EE-5 was already received and for which an 'ER' was previously entered, the additional Form EE-5 must also be documented in ECMS as a new 'ER' if Form EE-5 contains additional/new information. This means that entries of 'ES', 'ER', 'ER' may potentially appear in ECMS. This is acceptable since DOE may send out follow-up Form EE-5 documents which could further clarify employment verification.

When the DOJ response regarding employment verification/RECA award status is received, the CE selects 'RE5 - RECA employment (EE-5)' from the 'reason cd' drop-down menu.

(b) For DAR responses, the CE selects the appropriate reason code from the drop down menu (described above), [e.g., 'ALD - Albuquerque Operations Office (DAR)'] to show that the DAR response was received and to denote which DOE Operations Center responded. For DAR responses

Superseded

6. Claim Status History Coding. (Continued)

from the DOJ, the CE will select the reason code 'RED - RECA Employment (DAR)'.

(6) OR - 'ORISE Employment Evidence Received' - When a claim is initially reviewed, if it is determined that a request for employment verification is appropriate, and the employee worked at one of the facilities on the ORISE list, the CE searches the ORISE database.

Regardless of whether the information from the ORISE database addresses all, part or none of the employment data, the CE enters the 'OR' status code, with the status effective date as the date on the printout of the results of the ORISE database search.

(7) SS - 'Employment Verification Request Sent to Social Security' - When an employment verification request(Form SSA-581) is sent to the Social Security Administration (SSA), the CE enters the 'SS' claim status code in ECMS.

The status effective date is the date the SSA-581 form is sent to SSA. The CE date stamps the form at the time the form is sent to SSA and a copy is kept for the case file. (When the CE follows up on the initial request, whether by phone call or letter, no 'SS' claim status code is entered. Instead, the CE enters the 'DE' claim status code with the 'SS' reason code.)

(8) SR - 'Employment Verification Received from Social Security' - When employment verification is received from the Social Security Administration (Form SSA-L460, the end product of Form SSA-581), regardless of whether the response addresses all, part or none of the employment data, the CE enters the 'SR' code.

The status effective date is the date the response is date-stamped in the DO. (Note: The 'SR' code is not entered if the SSA records are received from the claimant or another source.)

(9) US - 'Union Sent' - When an employment verification request is sent to the Center for

Superseded

6. Claim Status History Coding. (Continued)

Construction Research and Training (CPWR), the CE or Point of Contact (POC) enters the 'US' code. The status effective date is the date of the referral mailing. The 'US' code signifies that all actions pertaining to a CPWR mailing, including release of a completed referral package and mailing of a cover letter to the claimant(s), are complete.

Upon entry of the 'US' code, the CE must select the number of CP-2s that are sent to CPWR from the corresponding drop-down box. The drop-down menu will allow the CE to select only a number between one and twenty. In the rare occurrence that more than twenty CP-2s are sent to CPWR, the CE will enter an additional 'US' code and select the remaining number of CP-2s (greater than twenty) that are being mailed.

For example, if twenty-five CP-2s are being sent to CPWR, the CE will have to enter one 'US' code and select '20' from the drop-down menu. Then the CE will have to enter a second 'US' code and select '5' from the drop down menu.

After entering the 'US' code, a note must be entered in the 'Worksite Desc' field on the main case screen. For each facility where employment is claimed and for which CPWR is assisting in collection of employment evidence, the CE or POC must enter the following note using the first 13 characters of the 'Worksite Desc' field for outstanding CPWR referrals: 'CPWR pending'. This note is not to replace any existing entry pertaining to the site.

The CE also enters a 40-day call-up effective the date of referral to notify the POC of the overdue request if needed. The POC is to input a claim status code of 'DE' with the reason code 'US' in the claim status history screen effective the date contact is made with CPWR concerning an overdue response.

Notes of all phone calls or e-mails are to be recorded in the case file. The POC has three working days to report all overdue referrals to CPWR. Also, he or she

Superseded

6. Claim Status History Coding. (Continued)

must update the status of the referral in the CPWR tracking program.

(10) UR - 'Union Received'- Upon receipt of a CPWR response, the CE or POC enters the claim status code 'UR' (Received from Union) in the claim status history screen. The status effective date is the date the DO received the referral, according to the date-stamp. Upon entering the 'UR' code, the CE must select a 'VN-Verified None', 'VS-Verified Some', or 'VA-Verified All' from the corresponding drop-down box.

(a) 'VN - Verified None' - Selected when none of the data requested from CPWR was used to verify the claimed covered employment.

(b) 'VS - Verified Some' - Selected when some portion of the data requested from CPWR was used to verify the claimed covered employment.

(c) 'VA - Verified All' - Selected when all of the data requested from CPWR was used to verify the claimed covered employment.

(11) SF - 'Records Request Sent to Former Worker Program' - When a records request is made to the Former Worker Program (FWP), the CE enters the claim status code 'SF' into the claim status history screen with a status effective date equal to the date of the cover letter/memo to the FWP.

(12) RF - 'Response Received From Former Worker Program' - Upon receipt of records from the FWP, the CE enters the claim status code 'RF' into the claim status history screen. The status effective date is the date the response was received in the DO/CE2 Unit, according to the date stamp.

d. NIOSH Action Codes.

(1) NI - 'Sent to NIOSH for Dose Reconstruction' - While the NI code is used in both ECMS B and ECMS E, the use of the code varies on B only cases versus BE cases:

Superseded

6. Claim Status History Coding. (Continued)

(a) For B Cases - the 'NI' claim status code is entered for each individual claimant within a case sent to NIOSH for dose reconstruction. When a case is sent to NIOSH, the CE prepares the NIOSH Referral Summary Document (NRSD), which includes a listing of all of the claimants. When this form is signed by the Senior CE, journey level CE, or Supervisor, the 'NI' is coded for each claimant included on the NRSD. The status effective date is the date of the signature on the NRSD.

If the case is already at NIOSH and the DO/CE2 Unit receives a claim from a new claimant, the CE prepares an Amended NIOSH Referral Summary Document, which includes all additional claimants since the original NRSD. (Note: All claimants on the case should be forwarded to NIOSH, regardless of survivorship eligibility at the time of the referral.) When this form is signed by the Senior CE, journey level CE, or Supervisor, the 'NI' is coded for each new claimant included on the Amended NRSD. The status effective date is the date of the signature on the Amended NRSD.

If the case is already at NIOSH and the DO/CE2 Unit receives notice of a new claimed cancer, the CE prepares an Amended NIOSH Referral Summary Document, which includes all additional cancers since the original NRSD. When this Amended NIOSH Referral Summary Document is sent to NIOSH, no additional 'NI' code is needed.

(b) For B/E cases - When a non-SEC cancer claim is referred to NIOSH, or was originally referred to NIOSH as a Part B claim and a new Part E claim now exists, the CE does not input the 'NI' (SENT TO NIOSH) code into ECMS E to show that the claim is pending dose reconstruction at NIOSH. The 'NI' code is input into ECMS B only (unless the case is a RECA Section 5 case with claim for cancer other than lung cancer). The CE must

Superseded

6. Claim Status History Coding. (Continued)

concurrently develop for exposure to toxic substances for *all* Part E claimed conditions (cancerous and non-cancerous conditions).

When toxic exposure development is complete for *all* claimed Part E conditions (cancerous and non-cancerous conditions) and the CE cannot accept causation, the CE creates a memorandum to file stating that the toxic exposure development is complete and then codes 'NI' into ECMS E. The status effective date is the date of the memorandum.

(c) PEP - 'Rework Based on Program Evaluation Plan' - This reason code is available for selection for Part B or Part E cases in association with the 'NI' claim status code. When it is determined a case needs a rework based on a program evaluation plan/report (PEP/PER), an amended NIOSH referral summary document (ANRSD) is prepared and submitted to NIOSH. The 'NI' code is entered with a 'PEP' reason code to indicate the case is being referred to NIOSH for a rework based on a program evaluation plan/report. The status effective date of the 'NI' code with 'PEP' reason code is the date of the ANRSD.

Again, the 'NI' status code with 'PEP' reason code should only be entered in ECMS E after toxic exposure development is complete and the CE has placed a memo the file stating that toxic exposure development is complete. The CE then enters status code 'NI-PEP' into ECMS E with the date of the memorandum as the status effective date.

If the NI code had been entered into ECMS E prior to the rework and there are no new claimed conditions, the 'NI-PEP' should be coded into ECMS E with a status effective date of the ANRSD, just as in ECMS B, and no new memo is required.

Superseded

6. Claim Status History Coding. (Continued)

Since this is considered a new dose reconstruction, the CE should not change the existing 'NR/DR' status code to 'NR/RW' as typically done for rework cases. Furthermore, if a PoC value is already entered into ECMS, the CE should not delete the PoC. The new PoC will simply be updated into both ECMS B and E once it is calculated.

(2) NO - 'NIOSH, Administrative Closure' - For cases at NIOSH, Form OCAS-1 is provided to the claimant after completion of the dose reconstruction report. The claimant is required to sign and return the form to NIOSH before NIOSH can return the case to DOL.

If none of the claimants sign the OCAS-1 form or submit comments within 60 days, NIOSH will close the case administratively and send a letter/e-mail to DOL addressing the closure. The CE enters the 'NO' claim status code in ECMS B, with a status effective date of the receipt of the letter/e-mail from NIOSH. (If the district office cannot obtain an OCAS-1 from any claimant on the case, the case will also need to be administratively closed with DOL by entering a 'C2' code on the claims.)

If the case is a Part B/E case where toxic exposure development is complete and the 'NI' code has already been entered into ECMS E, the CE enters the 'NO' code into ECMS E as well. If toxic exposure development has not yet been completed and the 'NI' code has not yet been coded into ECMS E, the CE does not enter the 'NO' code into ECMS E.

(3) NR - 'NIOSH Dose Reconstruction Received' - When a case is returned from NIOSH with a dose reconstruction, or it is returned from NIOSH because a dose reconstruction could not be performed, the CE enters the 'NR' (Received from NIOSH) claim status code into ECMS B. If the case is a Part B/E case where toxic exposure development is complete and the 'NI' has already been coded in ECMS E, the 'NR' code is entered into ECMS E as well. The status effective

Superseded

6. Claim Status History Coding. (Continued)

date is the date the DO received the dose reconstruction (according to the date-stamp).

The PoC and IREP information must be entered into ECMS Parts B and E on B/E cases regardless of whether an NI was previously entered into ECMS E.

Upon entry of the 'NR' code, the CE selects a specific reason code from the 'reason cd' field. This field is a drop-down box that corresponds with the 'NR' claim status code. Included in the reason cd field are both the full reason for the 'NR' code and a two-character code representing each option. The reason codes available for the 'NR' claim status code are:

(a) Dose Reconstruction Received, POC-'DR' - Used when the DO receives a routine dose reconstruction (not fitting one of the other specific reason codes listed below).

(Even though the CE might not yet have had an opportunity to review the dose reconstruction report, this is the appropriate reason code to use at this time. If it is determined after review that the reason code needs to be changed, e.g., for a rework, the CE updates the reason code.)

(b) Reworks of Dose Reconstruction, no POC-'RW' - Used exclusively if it is determined that the received dose reconstruction is not to be used, based on the review by the Health Physicist at National Office (NO). Once the Health Physicist determines the case must be returned to NIOSH for a rework, the CE changes the reason code for the 'NR' claim status code from 'DR' to 'RW.' If a PoC was entered into ECMS, it should be removed.

(Note: A new 'NR' claim status code is not to be entered. Only the reason code for the existing 'NR' code is to be updated with the new reason code of 'R'. However, the date of the original claim status code is not changed or updated.

Superseded

6. Claim Status History Coding. (Continued)

This is because the 'NR' code documents the receipt date of the dose reconstruction disc.)

Once the CE prepares the rework and a new Amended NIOSH Referral Summary Document (ANRSD) is ready to be sent back to NIOSH, a new 'NI' claim status code is entered, with a status effective date of the ANRSD.

(c) CLL only, no POC- 'CL' - In Part B cases when after full medical development the only claimed primary cancer is CLL, the CE enters the 'NR' claim status code in ECMS, even though there will not be an 'NI' code. On these cases, the status effective date of the 'NR' code with the 'CL' reason code is the date of the RD to deny based on CLL (0% PoC). The CE should not bother entering the 'NR' code with the 'CL' reason code in ECMS E because of the presumption of a 0% PoC with regards to radiation exposure, only toxic exposure development would be pursued under Part E.

(d) No Dose Reconstruction Possible, SEC - 'ND' - Used for non-SEC cancers claimed at an SEC facility where NIOSH determines that no dose reconstruction is possible. Note: Denials based on this situation are coded D7/F9.

(e) Partial Dose Reconstruction, SEC - 'PD' - Used for non-SEC cancers claimed at an SEC facility where NIOSH can only perform a partial dose reconstruction, such as occupational medical x-ray doses only or external dose only. The dose reconstruction report must be carefully reviewed to determine if a partial dose reconstruction was performed.

(4) NW - 'NIOSH, Returned without a Dose Reconstruction' - When withdrawing a case from NIOSH for any reason (e.g., the CE realizes there was no covered employment and the case should not have been sent to NIOSH), and the DO will not be sending the case back to NIOSH, the CE requests the return of the

Superseded

6. Claim Status History Coding. (Continued)

case from NIOSH without a dose reconstruction and enters the 'NW' code in ECMS B. The CE only enters the 'NW' code into ECMS E on BE cases where the toxic exposure development was completed and the 'NI' code had been entered into ECMS E. The CE notifies NIOSH that the dose reconstruction is no longer needed for the case. The status effective date is the date of the notification to NIOSH.

There are also instances when NIOSH requests that DOL withdraws a case that is currently at NIOSH (e.g., during NIOSH interview claimant claims additional cancer or employment period which requires development, claimant passes away). In these types of situations, the file must be documented with the TMS record of the NIOSH call requesting withdrawal and the CE codes an 'NW' with a status effective date of the NIOSH email.

Please note, the 'NW' code is not applicable in instances where NIOSH advises DOL that the case is pended at NIOSH. Cases pended at NIOSH do not require ECMS coding.

Also note that an administrative closure of a claim in ECMS does not "close out" a pending NIOSH case. For example, if an employee dies while his or her case is at NIOSH, an 'NW' code and a 'C3' code must be entered. The 'C3' code alone is not sufficient.

(5) NAR - 'No Additional Review Needed' with Reason Code NRC - 'NIOSH Returned Case' - This code indicates that all processing is completed on a case that was returned from NIOSH with an 'NR' or 'NW' code and no further processing is necessary. Typically a case should be returned or withdrawn from NIOSH ('NR'/'NW') before a recommended and/or final decision is issued, but there are some rare instances that the case is returned or withdrawn after a recommended and/or final decision is rendered and there is no additional development required on the case. Another circumstance where this code combination would be used is when the claim is withdrawn from NIOSH after a claim has been closed.

Superseded

6. Claim Status History Coding. (Continued)

When a decision is issued or a claim is closed on a case that is currently at NIOSH and the dose reconstruction is received or the claim is withdrawn after the fact, the 'NAR' claim status code with 'NRC' reason code is entered. Otherwise, reports would show that a decision or closure were pending, which would be inaccurate.

The 'NAR' claim status with 'NRC' reason code must be approved by the District Director, Assistant District Director, FAB Manager, and/or designated person. Once the CE/HR determines that the 'NAR/NRC' code is applicable, he/she prepares a memo to the file explaining the context in which the 'NAR/NRC' code is needed and the applicable ECMS system (Part B, E or both) for the claim. The designated person then approves and signs off on the memo and codes the 'NAR/NRC' code in ECMS accordingly, with a status effective date of the date of the approved memo.

(6) LNS - 'Letter Sent to NIOSH' - This code is used when a letter is sent to NIOSH inquiring as to the applicability of a Program Evaluation Report (PER) on a case's previous dose reconstruction. The status effective date is the date the letter is sent to NIOSH. This is a B/E code, but is only entered into ECMS E if the 'NI' had previously been entered, indicating the toxic exposure development was complete.

(7) LNR - 'Letter Received from NIOSH' - This code was initially created to document NIOSH's response to our request (LNS). However, the use of 'LNR' is now used to document the receipt of an Individual Case Evaluation/Individual PER from NIOSH indicating that the case was evaluated against a PER and any other changes that may affect the dose reconstruction. The status effective date is the date stamp received into the DO. This is a B/E code, but is only entered into ECMS E if the 'NI' had previously been entered, indicating the toxic exposure development was complete.

Superseded

6. Claim Status History Coding. (Continued)

The 'LNR' code has several associated reason codes. The reason codes represent the EEOICPA Bulletin that addresses a particular PER or possibly multiple PERs. The applicable reason code must be selected from the reason code drop down list (i.e. '824' - PER/ICE addressed in Bulletin 08-24). New reason codes are added as new PERs are released.

e. Additional Action Codes.

(1) 15 - 'EE-15 Form Sent' - Deactivated. The '15' code was previously used when the CE mailed Form EE-15 (which was required with older versions of Form EE-1/2) with a status effective date of the date the form was mailed. However, the EE-15 is no longer used. When a CE requests information similar to what was on Form EE-15, such as tort suit information, the CE will enter the 'DO' code, instead of a '15'.

(2) RD - 'Development Resumed' - The 'RD' code is used to resume development on claims two ways in ECMS. The first use is when a case has a Final Decision, and a current claimant on the case submits a subsequent claim form for a new medical condition. In this case, the status effective date of the 'RD' is equal to the new filing date (postmark date, if available, or received date) for the new claim form.

The second use is when a claim has been closed prior to adjudication, and the claimant (or DOJ, in the case of a pending RECA claim) writes a letter asking to resume development on the claim. The CE then enters the 'RD' code and resumes development.

The status effective date of the 'RD' in this case is equal to the date-stamp of the letter requesting development be resumed. This code can be used in conjunction with the following closure codes: 'C0','C1','C2','C9', or'C10' where the claimant was not at MMI, since none of these closure codes refer to the death of a claimant (Note: This code is not to be used for the Reopening of Claims due to Director's Orders.)

Superseded

6. Claim Status History Coding. (Continued)

(3) UN - 'Unadjudicated' - The 'UN' code is a default claim status code created when a new claim is entered in ECMS. This code is generated by the system when a claim is created, and the CE does not use it as a development code. If Resource Center development predates the 'UN' code, the 'UN' code should be deleted when the development actions are entered.

(4) SER - 'SEC Recommended Acceptance' [Replaces former 'SE' (Confirmed SEC Claim) code] - When a recommended decision is being issued that includes an SEC acceptance, the CE enters the 'SER' code into the claim status history, in addition to the usual recommended decision coding (see PM Ch 2-2100). This code is entered with the same status effective date as the recommended decision (it doesn't matter which one is entered first). For cases that have already been adjudicated with an 'SE' code, there is no need to go back and update them with the new 'SER' code.

When the CE enters the 'SER' code, the CE is required to select a reason code from the drop down that represents the SEC class that the acceptance is based upon. Each SEC class has its own unique reason code, generally based on the related bulletin number (like the NA, ISL, ISU, and ISD codes). New reason codes are added continuously, as new SEC classes are added.

For example, if the acceptance is based on the Blockson Chemical Company SEC, the CE enters the 'SER' code (along with the final decision code) and selects reason code "101 - Rvwd per Bulletin 11-01, Blockson Chemical Company SEC (3/1/51 - 6/30/60)."

In situations where the employee is found to be a member of multiple qualifying SEC classes, the CE is required to input a **"SER"** and corresponding reason code for each, regardless of the combination of qualifying SEC employment leading to approval of a claim. For example, if the employee worked for 250 days of SEC covered employment at Texas City Chemicals, Inc. and another 125 days of SEC employment at the Metallurgical Laboratory, the employment at Texas City Chemicals, Inc. alone would satisfy

Superseded

6. Claim Status History Coding. (Continued)

inclusion in the SEC. However, the CE would enter one **"SER"** with a "**106-** Rvwd per Bulletin 11-06, Texas City Chemicals SEC (10/5/53-9/30/55)" reason code. Then the CE would also enter a second **"SER"** with a "**907-** Rvwd per Bulletin 09-07, Metallurgical Laboratory SEC" reason code. The CE also enters the recommended decision code(s) with the same status effective date as the **"SER"** codes. The recommended decision is to reference each class for which the employee qualifies. The content of the decision should state compensability derived from satisfaction of the SEC criteria given the combination of all qualifying SEC employment. The CE is not to assign acceptance of a claim to one class over another.

(5) SEF - 'SEC Final Acceptance' - When a final decision to grant benefits based on inclusion in an SEC Class is issued, the FAB CE/HR must enter the code "SEF" (SEC Final Acceptance)into the claim status history, in addition to the usual final decision coding (see PM Ch 2-2100). This code represents that an SEC acceptance is included in the final decision being issued. This code is entered with the same status effective date as the final decision (it doesn't matter which one is entered first).

When the "SEF" code is entered, a reason code must be entered to reflect which SEC class the acceptance is based on. For example, if the acceptance is based on the Blockson Chemical Company SEC, the reason code selected will be "101 - Rvwd per Bulletin 11-01, Blockson Chemical Company SEC (3/1/51 - 6/30/60)."

Should the evidence establish the employee's inclusion in multiple SEC classes, each must be coded in ECMS using the "SEF" and corresponding reason codes. This will result in multiple "SEF" code entries. The final decision should identify each SEC class for which the employee is found to be a member. The final decision should also explain that the decision to accept the claim is based on membership in all qualifying SEC classes. No attempt should be made to differentiate acceptance based on inclusion in one SEC class in lieu of another.

Superseded

6. Claim Status History Coding. (Continued)

See the example outlined above in Item 6.e(4) regarding **"SER"** coding for more than one SEC Class.

If FAB remands a case that the district office had recommended for an SEC acceptance and had coded "SER," there is no need for the "SER" code to be removed, as it reflects the language in the recommended decision that was issued on that date. Similarly, if a final decision is vacated on an SEC final decision to accept where "SEF" has been coded, there is no need to remove the "SEF" code, as it reflects the language in the final decision that was originally issued.

(6) WS - 'Washington, DC: Sent to' - When the CE or HR identifies a policy or procedural issue that requires NO attention, the CE prepares an email to a member of the Medical and Health Sciences Unit (MHSU) or a memo if the file is being referred. When the case file or issue is referred to NO, the 'WS' code is entered. The status effective date is the date the DD or FAB manager (or designee) signs and dates the memo or the date of the email to the MHSU.

The use of the 'WS' code is restricted to the DD and FAB Manager (or designee), to ensure that he or she agrees with the CE's rationale for the referral to NO and also agrees that the CE cannot continue working on the case until the outstanding issue is resolved. Included in the 'reason cd' field are both the full reason for the 'WS' code and a two-digit code for each option. The reason codes available for selection with the 'WS' code are:

(a) PR - 'Policy Review' - Used for referral to NO for general policy review.

(b) HP - 'Health Physicist Review' - Used for a referral to NO for review by the Health Physicist.

(c) IH - 'Industrial Hygienist Review' (E only) - Used for referrals to the Industrial Hygienist.

(d) TX - 'Toxicologist Review' (E only) - Used for referrals to the Toxicologist.

Superseded

6. Claim Status History Coding. (Continued)

(e) OP - 'Overpayment Review' - Used for referrals to NO because either for review of a potential overpayment or for overpayment processing/ handling.

(f) FR - 'Facility Review' - Used for referrals to NO for a determination on whether a facility should be covered or for expansion of dates of a covered facility.

(7) TL - 'Terminal Claimant Designated by DD/FAB Manager' - This code is used when a determination has been made that the claimant is in a terminal condition. Use of this code is restricted to the DD or FAB Manager (or designee). If the case is a B/E case, the 'TL' code must be coded into both ECMS B and ECMS E. The status effective date of the code is equal to the date the DD or FAB Manager (or designee) determines the claim is in need of expedited processing due to a terminal illness, such as the date of a phone call (with corresponding TMS message printout), email, or other communication.

(8) WR - 'Washington, DC: Received Back From' - When NO resolves a pending 'WS' issue, the NO will send a response via email or memo to the District Office. The District Director (or designee) enters the 'WR' in ECMS, with an effective date of the receipt of the memo or email.

(9) IC - 'Impairment Claimed' (E only) - Used when the claimant informs DEEOIC in writing of intent to pursue an impairment claim. The status effective date is the postmark date of the letter, if available, or the date the letter is received in the DO/RC. If impairment is claimed multiple times, the 'IC' code is entered only once (unless it is claimed again after the final decision, after an 'NIM' code has been entered, or after the impairment claim was withdrawn with a 'C10' - 'ICW'). If the claimant prematurely claims impairment (prior to the two-year re-evaluation mark), the 'IC' code must still be entered. The status effective date is the postmark date of the letter, if available, or the date the letter is received in the

Superseded

6. Claim Status History Coding. (Continued)

DO/RC. Also, if the claimant does not submit a written claim for impairment, but submits an impairment rating, this is treated as a claim for impairment and the 'IC' code is entered with a status effective date of the receipt date of the report.

(10) WC - 'Wage Loss Claimed' (E Only) - Used when the claimant informs the DEEOIC in writing of intent to pursue a wage-loss claim. The status effective date is the postmark date of the letter, if available, or the date the DO/RC receives the letter. If wage loss is claimed multiple times, the 'WC' code needs to be entered only once (with the initial claim for wage loss) until a decision is rendered (unless it is claimed after the final decision or when withdrawn 'C10' - 'WLW').

(11) NIM - 'Not Claiming Impairment' (E Only) - This code is used when the claimant informs the DEEOIC in writing that he or she is not claiming impairment (even though it was never actually claimed) or after the appropriate development for an impairment claim has been completed and the claimant has been unresponsive. The status effective date is the date the letter is received in the DO from the claimant stating that he or she does not wish to claim impairment or the date on the letter from the DO to the claimant confirming an impairment claim will not be pursued at this time because of the lack of response.

'NIM' has an optional reason code that must be selected in circumstances where the maximum payable benefit has already been paid, so a claim for impairment is not being solicited. This reason code is 'MBM - Maximum Payable Benefits Met'. This code is not to be used if impairment has been claimed. In those circumstances, the claim must be withdrawn by the claimant or adjudicated.

If a claimant requests an impairment rating prematurely, the CE must then issue a letter to the claimant advising the claimant that he or she is not yet eligible for a new impairment rating. The CE

Superseded

6. Claim Status History Coding. (Continued)

enters the 'NIM' code into ECMS with a status effective date equal to the date of the letter, along with a call-up note so follow-up can be done when the two-year mark (from previous award) is reached.

(12) NWL - 'Not Claiming Wage Loss' (E Only) - This code is used when the claimant informs the DEEOIC in writing that he or she is not claiming wage loss (even though it was never actually claimed) or after appropriate development for a wage loss claim has taken place and the claimant has been unresponsive. The status effective date is the date the letter is received in the DO from the claimant stating they do not wish to claim wage loss or the date on a letter sent to the claimant confirming a wage loss claim will not be pursued at this time because of the lack of response.

'NWL' has an optional reason code that must be selected in circumstances where the maximum payable benefit has already been paid, so a claim for wage loss is not being solicited. This reason code is 'MBM - Maximum Payable Benefits Met'. This code is not to be used if wage loss has been claimed. In those circumstances, the claim must be withdrawn by the claimant or adjudicated.

(13) NA - 'No Action Necessary - SEC/PEP/PER' - This code has several associated reason codes. Each reason code is generally specific to a Bulletin number regarding a new SEC or PEP/PER (B only). On occasion the reason codes are associated with a special project (B or E). Use of the 'NA' code and its associated reason code indicates that a claim was reviewed under the pertinent instructions and no action is necessary at this time. New reason codes are added as new SEC/PEP/PERs (or special projects) are released.

(14) ISL - 'Initial SEC Screening, Likely SEC' (B only) - This code is used when the CE screens a case and determines that it is likely to meet the criteria for inclusion into an SEC class, as per a Bulletin. The status effective date of the 'ISL' code is to correspond with the completion date of the screening

Superseded

6. Claim Status History Coding. (Continued)
worksheet. This code has several reason codes associated with it. Each reason code is specific to a bulletin number related to a new SEC class. As new SEC classes are added, additional reason codes are added as well.

(15) ISU - 'Initial SEC Screening, Unlikely SEC' (B only) - This code is used when the CE screens a case and determines that it is unlikely to meet the criteria for inclusion into an SEC class, as per a Bulletin. The status effective date of the 'ISU' code is to correspond with the completion date of the screening worksheet. This code has several reason codes associated with it. Each reason code is specific to a bulletin number related to a new SEC class. As new SEC classes are added, additional reason codes are added as well.

(16) ISD - 'Initial SEC Screening, Development Needed' (B only) - This code is used when the CE screens a case and determines that development may be needed in order to reach a determination on SEC class inclusion, as per a Bulletin. The status effective date of the 'ISD' code is to correspond with the completion date of the screening worksheet. This code has several reason codes associated with it. Each reason code is specific to a bulletin number related to a new SEC class. As new SEC classes are added, additional reason codes are added as well.

7. Case Management. ECMS contains 'Notes' and 'Call-Ups' sections, as well as a Telephone Management System (TMS), to assist the claims staff with managing cases,

a. Notes and Call-Ups. The 'Notes and Call-ups' are intended primarily as a tool for CEs, Senior CEs, HRs, and Supervisors in managing their caseloads. Each call-up is a note with an associated 'action date' used to display pending actions by date and type.

(1) Each ECMS note consists of up to 255 characters of text, note type, code claim type associated with note, DO Code, call-up date priority, public flag, update, current owner id, and date created by/transferred to current owner. (See below for detailed information about these date elements),

Superseded

7. Case Management. (Continued)

(2) Each note is Public, and visible to all authorized ECMS users. Notes are included in the case file for any FOIA requests. ECMS no longer allows for the saving of private notes.

(3) Assigning a priority is strictly at the discretion of the owner of the note (1 = highest priority, 5 = lowest priority). A user can sort notes and call-ups by selecting the Manage Call-ups/Notes under the 'Inquiry' menu option based on priority, but this is not required. The default is '1'.

(4) A 'call-up date' can be entered in the notes screen to serve as a "tickler" system for the CE. ECMS will then prompt the assigned CE to read the associated note when the call-up date is reached. It will continue to prompt the CE until the 'task completed' field is changed from 'N' to a 'Y' (or the call-up date is changed to a future date).

b. Telephone Management System (TMS). The TMS was established to document each incoming call received and outgoing call placed, particularly calls related to existing case files. There is no single "TMS" Screen in ECMS. Rather, TMS refers to a combination of screens and functions related to on-line telephone message tracking and management. For example, the phone message screen is accessed by clicking the red phone icon, and phone message reports are accessed through the 'Inquiry' menu in ECMS or through clicking the ECMS Reports icon.

An automated telephone record must be created for every telephone call received or initiated by DOL, regardless of whether the caller is a DEEOIC claimant or a representative or other interested party to a DEEOIC claim (including NIOSH, DOE, and DOJ). For example, calls taken by contact representatives, workers' compensation assistants, and supervisors must be entered into the system and, if needed, assigned to specific individuals for return calls.

(1) Entering phone calls into ECMS.

Superseded

7. Case Management. (Continued)

(a) Incoming phone calls: All incoming calls from DEEOIC claimants, survivors, attorneys, Congressional Offices and/or any other parties to a DEEOIC claim (including NIOSH, DOE, and DOJ) must be recorded in TMS, whether or not a return call is required, under the case number in ECMS.

Calls from medical representatives, members of interest groups, or elected officials (or their staff members) must be documented. Also, calls that result in sending informational packets or application forms related to the EEOICPA to potential claimants or any other persons must be recorded in TMS, under each office's "dummy SSN", with a description in the text field of what was sent, to whom, and when.

If the person receiving an incoming telephone call answers it completely (i.e., no return call is needed), he or she immediately enters the call into the system as an incoming call and the call will be marked 'Y' in the Call Completed field.

(b) Outgoing phone calls - A call initiated by claims personnel, to a claimant or a party to the claim, must be entered as a phone message into TMS. After entering all appropriate data to record, the call will be marked 'Y' in the Call Completed field, and ensure that the phone message is closed.

If an outgoing call generates the need for a call-up, the person making the call first must document the call in the phone message screen, then open the Notes and Call-ups screen to enter a call-up note and date.

(2) Fields to be completed - When a call requiring TMS entry is taken, the required data that must be entered into TMS are:

(a) Call Reason - Select from list; use 'other' if none apply.

Superseded

7. Case Management. (Continued)

(b) Claim Type - Select from list; 'other' values are available for calls unrelated to existing claims.

(c) Note - The individual taking the call enters a note - up to 2000 characters - describing the substance of the inquiry. This note is known as the Primary Phone Message.

(d) Caller Name - Enter name of caller.

(e) Call For - Enter name and/or title/position of person to whom the caller asked to speak; use 'N/A' if specific person was not requested.

(f) Relation - Select from list - caller's relationship to the claimant identified in Claim Type field.

(g) Received by - System will default to logged-in user id.

(h) Call Type - Select from list:

'D-Direct Call' when an incoming phone call is received and completed without requiring a return call.

'O-Outgoing Call' when the CE or other DOL employee initiates a phone call to any source and completes it, as long as the call is not a return call as part of a previously opened return call.

'R-Return Call' when returning a phone call that could not be completed at the time of the incoming or outgoing phone call, and required the DOL employee to return the telephone call.

(i) Receive date - System will default to current date.

Superseded

7. Case Management. (Continued)

(j) Callback No. - Enter caller's phone number, if provided by caller.

(k) Assign to - Select from list - any user in DO. The user name entered in the Assign to field becomes the 'owner' of the telephone note.

(l) Call Completed – 'Y' or 'N' - phone call will remain open and pending until 'Y' is entered and saved to this field. The CE must ensure that the date corresponds with the call return. Return calls are the only call type that do not automatically have a call completed status of 'Y'.

(m) Returned by - Select from list; the user ID of the person who returned the phone call.

(3) Calls Requiring a Return Call. The owner (user name appearing in the Assign to field) of the phone call is responsible for returning it and closing out the TMS phone message. After returning an open or pending call, he or she must take two actions to close out the pending call in TMS:

(a) Return/completed call messages must be entered on a supplemental message screen (Callback/Addendum Notes) accessed via the bottom portion of the phone message screen.

(The TMS user moves the cursor into one of the rows in the grid and then depresses the <INSERT> key to add a new callback/addendum note.)

A blank callback/addendum note will appear on the screen - the user enters the details of the return call here. A callback note must comprehensively describe the reply to the caller's inquiry. TMS will allow up to 1000 characters.

After this addendum note is saved, it appears as a new row in the grid view at the bottom of the Phone Message Screen. Double-clicking on the

Superseded

7. Case Management. (Continued)

specific row for a Callback/Addendum note displays the full text of the note.

(b) After the addendum note is entered and saved, the CE or other user must return to the telephone message Add/Update screen and click the 'Y' in the Callback Completed box, and ensure that the (Callback Completed On) date reflects the actual return call date.

If 'Y' is selected, the call will no longer appear on the pending phone messages list. If 'N' is selected, the TMS system will not close out the call and the call will appear on the owner's pending phone message list.

(4) General Information about TMS.

(a) Any returned telephone call entered into TMS will remain an open call until closed out in TMS.

(b) The note field of the primary phone message must not be modified or updated, except in two instances:

(i) By the creator of the message, and then only to correct or clarify the text entered on the date of call creation.

(ii) By the owner of the message (or supervisory personnel), to explain why he or she is reassigning the message to another user.

(c) When a user logs into ECMS, TMS displays a message identifying the number of pending phone messages which have been logged (that is, assigned to, or owned by) for that user. By selecting the 'Open Phone Msgs' option, TMS displays all the outstanding return calls that do not contain a completed call date.

Superseded

7. Case Management. (Continued)

(d) Once a phone call is assigned to a person, it is owned by that person. TMS permits only the person who owns a call, or supervisory personnel, to reassign a phone call. TMS permits reassignment of an individual phone message from within that message screen - the current owner simply selects the new owner of the message from among the list of users in the Assign To box.

When reassignment occurs in this manner, the owner must type his or her user ID and the date within the 'Notes' portion of the primary message, along with a brief reason for the reassignment.

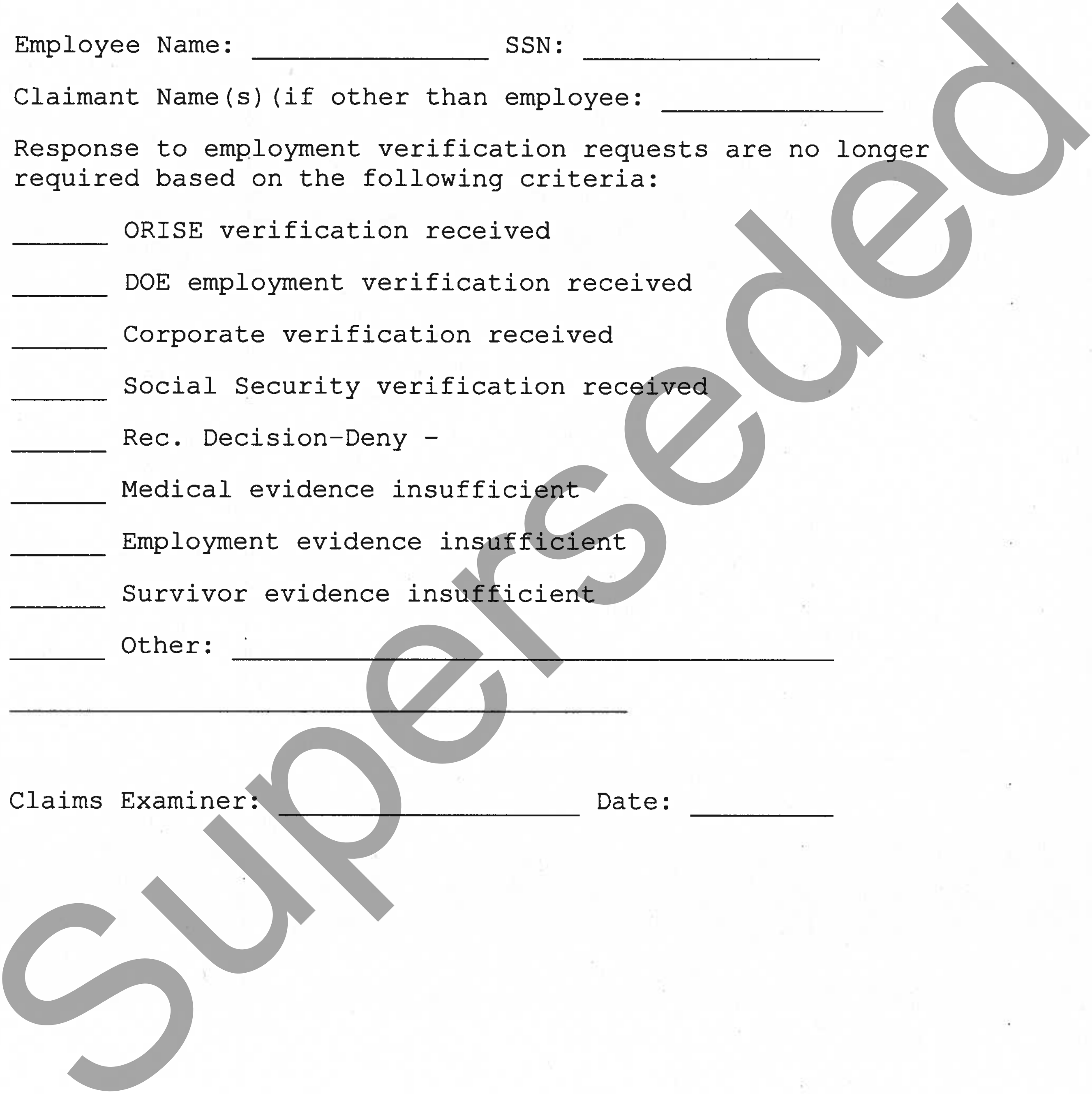
The owner will reassign a phone call only when he or she does not actually speak to the caller. The call will not be closed out until a return call is made.

For example, a customer service representative answers a call and refers it to CE-1. CE-1 receives the referral and becomes the owner; however the case is actually managed by CE-2. CE-1 does not return the call, and reassigns the case to CE-2. CE-2 then becomes responsible for returning the call timely.

(e) While in any one of the telephone screens, the user may go into another ECMS screen to check the status of the case. All claim-related telephone call messages must be printed and spindled down in the case file, but only after the phone call record is closed, i.e., for calls requiring a response, after the response is recorded in the Callback/Addendum Note.

(f) Documentation of all calls not related to a specific case must be printed and kept in a central location in the office for reference and tracking purposes.

Superseded



EC CODE JUSTIFICATION MEMO

Employee Name: ______________ SSN: ______________

Claimant Name(s)(if other than employee: ______________

Response to employment verification requests are no longer required based on the following criteria:

______ ORISE verification received

______ DOE employment verification received

______ Corporate verification received

______ Social Security verification received

______ Rec. Decision-Deny -

______ Medical evidence insufficient

______ Employment evidence insufficient

______ Survivor evidence insufficient

______ Other: ________________________________

____

Claims Examiner: ____________________ Date: __________