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Chapter 2-303

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1. Purpose and Scope. Accurate, timely, and complete entry of information to the DIARY ACTION screen, in conjunction with information entered in the CLAIM MASTER screen, provides several things: a comprehensive on-line history of actions on a claim; statistical data that can be analyzed for reports and to project Program workloads, needs and costs; and the means to ensure prompt payment of determination medical bills. This chapter defines each Diary Action Code (DAC) and discusses the use of valid codes, their relationship to actions taken in a claim file, and proper entry to the DIARY ACTION screen which is a part of the Claimant and Payment Subsystem (CAPS).

Detailed data entry instructions are not within the scope of this chapter. Instructions for the Diary Action screen may be found in the System User Manual (SUM) at 1.6.4, and for batch data entry in the SUM at 1.17.

2. Policy. The district director, or his/her designee, is required to maintain accurate automated records that correspond with data in the claim file. The claim development action, the case review action and other actions indicated by a DAC are not finished until the appropriate DAC and date are entered into the system. The appropriate Start Date and End Date should be entered into the system within five days of the action. At times, it may be necessary to enter the data in a more timely manner; for example, DAC 929 End Dates must be entered prior to the next mailing of the CM-929 or a follow-up form will be sent. Also, because of the timing of various MIS reports, the district director may impose stricter time frames. The requirements for data entry are monitored by an accountability review.

In addition, the Procedures and Claims Support Section (PCS) in the National Office utilizes certain unique Diary Action codes to assist in monitoring actions required on appealed claims.

3. Definitions.

- a. CM-1084: Diary Action & Claim Master Data Update, the data input form that may be used to post information to the Diary Action screen. (BLBA PM Resource Book - Exhibit 75.)
- b. DIARY ACTION: The Diary Action Screen is accessible via a tab on the Claim Master screen.
- c. DAC: Diary Action Code.
- d. CAPS: Claimant and Payment Subsystem.
- e. MIS: Management Information Subsystem.

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4. References. Automated Support Package System, System User Manual (in the Black Lung Library). Current and obsolete Diary Action codes are referenced in the Diary Action Table Maintenance screen in CAPS.

5. Responsibilities. The district director or designee shall post Diary Action Codes as necessary to show actions taken by DCMWC in the processing of a claim under the Black Lung Benefits Act. While CAPS is designed to provide current claim information to any DCMWC office, the district director who has jurisdiction of the claim is responsible for ensuring the data is timely and correctly entered. Data is entered to the DIARY ACTION screen via the CM-1084 or is directly input by the claims examiner or other designated systems user.

The Procedures and Claims Support Section is responsible for reviewing the decisions of the Office of Administrative Law Judges, the Benefits Review Board, and Court of Appeals and for making the appropriate input to the Diary Action screen for actions taken by PCS or appellate boards. Data is entered to the Diary Action screen via the CM-1084 or directly input by the claims examiner or other designated systems user.

6. Mandatory Diary Action Codes. Below is a list of active mandatory Diary Action Codes in numerical order. The list shows whether the active code has only a start date or a start and an end date. The definition/description area explains the start/end date for the specific code. The date of receipt refers to the date the item is received in the mail room. In a few instances, the district office will be the issuing office; in a case such as that, the date of receipt is the same as the date of issue. These codes are for the use of all district offices and the National Office as appropriate. Mandatory Diary Action Codes must be updated and maintained in accordance with Section 2 of Chapter 2-303.

Some DACs are mandatory because they are necessary for statistical purposes, such as actions that are not reflected in one of the MIS reports or from the Claim Master screen. Others are mandatory because the CAPS requires them for a subsequent action, such as medical bill processing.

Some DACs are entered into the system only when appropriate documentation is requested. If information usually requested at the time of application is submitted with the claim or received unsolicited later, there is no need to enter the coinciding DAC. For example, there is no need to enter DAC 911a if all employment proof has been received and no more is required from the claimant.

Code-By-Code Instructions for entry of Diary Action Codes:**GENERAL PROCESSING**

DAC	START/END	DEFINITION/DESCRIPTION
590	Start	Date of receipt of any claimant response to a finding of non-entitlement, including modification requests.  Any claimant response includes timely AND untimely requests - and it is NOT the date of initial receipt by an office that receives and forwards the response to the servicing district office, but rather the date of receipt by the office that will actually handle the appeal action.  If a hearing is requested prior to issuance of the PDO, the start date is the 31st day following the issuance of the PDO or the date that the claimant advises that they still want a hearing, whichever is earlier.
	End	Date the claimant's response was categorized. This may also require input to a CLAIM MASTER data set - see Chapter 2-302.7(4).
623	Start	Date the Representative Payee Report (CM-623) is sent.
	End	Date the CM-623 report is received.
623R	Start Only	Date the 623 or 623S is reviewed.
623S	Start	Date the short Representative Payee Report (CM-623S) is sent.
	End	Date the CM-623S report is received.
623X	Start Only	Date of documented determination that no CM-623 is needed.
905	Start	Date the request for State Workers' Compensation information (CM-905) is sent.
	End	Date review of the CM-905 is completed.

DAC	START/END	DEFINITION/DESCRIPTION
908	Start	Date the CM-908 is received from the Responsible Operator.
	End	Date the review of the CM-908 is complete.
910	Start	Date the CM-910 is mailed to a potential payee.
	End	Date the CM-910 is received.
910C	Start	Date an Order To Show Cause is issued for failure to return a CM-910.
	End	Date of response or date benefits suspended if no response.
910R	Start Only	Date notice of appointment is sent to the representative payee.
910X	Start Only	Date of determination that no representative payee is needed.
910S	Start	Date the CM-910 is mailed to a potential representative payee for a split payee.
	End	Date the CM-910 is received for a split payee.
910SR	Start Only	Date notice of appointment is sent to the representative payee for a split payee.
910SX	Start Only	Date of documented determination that no representative payee is needed for a split payee.
911B	Start	Date request for identification of a responsible operator (CM-911b) is sent to the RO Section.
	End	Date the requested information is received.
914	Start	The date the CM-914 is sent to SSA by the DO. Do not enter a second time for a follow-up request. Enter a second time if a SECOND earnings record is being requested.
	End	The date the earnings record is received.

DAC	START/END	DEFINITION/DESCRIPTION
929	Start	Date of the computer-generated mailing.
	End	Date the completed 929 is received.
929F	Start	Date of the computer-generated follow-up mailing.
	End	Date the completed 929F is received.
929W	Start	Date of the computer-generated warning mailing.
	End	Date the completed 929W is received.
929R	Start Only	Date the CM-929 review is completed.
929C	Start	Date an Order To Show Cause is issued for failure to return a CM-929.
	End	Date of response or suspension of benefits if no response.
929X	Start Only	Date of documented determination that no CM-929 is needed.
929P	Start	Date of the computer-generated mailing.
	End	Date the completed 929P is received.
929PF	Start	Date of the computer-generated follow-up mailing.
	End	Date the completed 929PF is received.
929PW	Start	Date of the computer-generated warning mailing.
	End	Date the completed 929PW is received.
929PC	Start	Date an Order To Show Cause is issued for failure to return a CM-929P.
	End	Date of response or suspension of benefits if no response.

DAC	START/END	DEFINITION/DESCRIPTION
929PR	Start Only	Date the CM-929P review is completed.
929PX	Start Only	Date of documented determination that no CM-929P is needed.
929S	Start	Date CM-929 is sent to split payee.
	End	Date the completed CM-929 is received.
929SC	Start	Date an Order to Show Cause is issued for split payee to return CM-929
	End	Date of Response or suspension of benefits if no response.
929SR	Start Only	Date the split payee CM-929 review is complete.
929SX	Start Only	Date of documented determination that no CM-929 is needed from split payee.
929*		System-closed 929 series code.
929F*		System-closed 929 series code.
929W*		System-closed 929 series code.
929P*		System-closed 929 series code.
929PF*		System-closed 929 series code.
929PW*		System-closed 929 series code.
935	Start	Date request for medical records is sent to facility or physician. NOTE: It is necessary to enter identical DACS on the closed LM and the active LW cases when authorizing payment for medical records, evaluations etc. This includes 951 and 952 payment authorization codes. Enter 935 on both LM and LW claim. When a request for a follow-up medical opinion is sent to a diagnostic provider, the DAC 952P, request for consultation is used instead of the DAC 935.
941	Start	Date RO Agreement to Pay Benefits (CM-941) is received.

DAC	START/END	DEFINITION/DESCRIPTION
	End	Date the Notice of 1st Payment (CM-906) or some other indicator of first payment is received from the Responsible Operator. (If anything other than a CM-941 is received, enter 941 Start and End as the same date.)
951B	Start Only	Date blood gas study is authorized.
951M	Start Only	Date mail & handling charges are authorized.
951P	Start Only	Date physical examination is authorized.
951V	Start Only	Date PFS is authorized.
951X	Start Only	Date chest x-ray is authorized.
951Y	Start Only	Date biopsy or autopsy is authorized.
952B	Start Only	Date ABG validation is authorized.
952P	Start Only	Date case evaluation, supplemental review, or autopsy review is authorized.
952V	Start Only	Date PFS validation is authorized.
952X	Start Only	Date chest x-ray reread is authorized.
953S	Start Only	Date supplemental fee for a determination provider is authorized.
954A	Start Only	Date interrogatories are authorized.
954B	Start Only	Date depositions are authorized.
954C	Start Only	Date testimony at litigation is authorized.

DAC	START/END	DEFINITION/DESCRIPTION
970	Start Only	Date <u>only</u> of receipt of RO controversion (CM-970) of an <u>awarded</u> SSAE. Do not enter for an operator controversion of designation of liability following a denial SSAE.
971A	Start Only	Date Notice of Claim is sent to the RO. Also used for a subsequent RO when the first has been released.
971M	Start Only	Date Notice of Claim is sent to second or subsequent RO when the first RO has not been released. Only one code is needed for all ROs.
972	Start	Date the fee petition and all necessary documentation is received.
	End	Date attorney fee payment is signed (CM-1261) by the examiner.
972B	Start	Date the district office receives the BRB attorney fee award.
	End	Date the attorney payment is signed (CM-1261) by the examiner.
972C	Start	Date the district office receives the Court of Appeals attorney fee award.
	End	Date the attorney payment is signed (CM-1261) by the examiner.
972J	Start	Date the district office receives the OALJ attorney fee award.
	End	Date the attorney payment is signed (CM-1261) by the examiner.
999A	Start Only	Date of the computer run.
999B	Start Only	Date of the computer run.
1025	Start Only	Date the formal record and CM-1025 are referred to OALJ. If a case is referred to the ALJ on more than one occasion, DAC 1025 will be used each time.

DAC	START/END	DEFINITION/DESCRIPTION
1032T	Start	Date Congressional telephone inquiry is received.
	End	Date Congressional telephone inquiry is answered.
1032W	Start	Date Congressional written inquiry is received.
	End	Date Congressional written inquiry is answered.
1078A	Start	Date of receipt of appearance on behalf of a claimant by an attorney.
	End	Date of notification that the claimant is no longer represented by an attorney.
1078L	Start	Date of receipt of CM-1078 completed and signed by a lay representative. Does not apply to legal guardian or rep payee.
	End	Date of notification that the claimant is no longer represented by a lay representative.
1078X	Start Only	Date that lay representative is notified that appointment is not approved.
ARM	Start Only	Date of Accounts Receivable Monitoring (required review when AR is closed, or at any time other than 15% sample.)
ARM15	Start Only	Date of Accounts Receivable monitoring of 15% sample.
CLOSE	Start Only	Date that all actions have been completed on the final eligible beneficiary on a miner's record. No benefits are payable, no receivable is outstanding, and there are no eligible survivors.
EXAM	Start	Date of the miner's 413(b) medical appointment.
	End	Date of receipt of CM-988 from the examining physician.
FRCRQ	Start	Date FRC file is requested.
	End	Date FRC file is received.
MRCVD	Start Only	Date requested medical evidence/test results are received and medical development is complete.

DAC	START/END	DEFINITION/DESCRIPTION
OPTF	Start only	Date of initial notice of overpayment to a TF beneficiary (Categories 0, 1, and 3.)
OPRO	Start only	Date DCMWC is notified of overpayment made by the RO.
OPW	Start	Date an overpayment is waived.
	End	Date decision is received. For DO decisions, the date received will be the same as the date issued.
OPPW	Start	Date an overpayment is compromised.
	End	Date decision is received. For DO decisions, the date received will be the same as the date issued.
OPWD	Start	Date an overpayment waiver request is denied.
	End	Date the decision is received. For DO decisions, the date received will be the same as the date issued.
PAREQ	Start	Date a request for release of benefit information under the Privacy Act is received.
	End	Date information is released or request is denied.
ROPAY	Start	Date agreement to pay (CM-941) is received; date Decision and Order is sent to RO; date claim file is received by the DO back from the litigation process with an enforceable order to pay.
	End	Date final payment is received or posted; date claim is tracked out of DO to BAE; date claim is referred to ALJ for resolution of disputed amount - the same date as DAC 1025 start date.)
SOP	Start	Date the Selection of Provider form is mailed to the claimant, or date of receipt of claim if the selection of the physician was submitted with the claim.
	End	Date the Selection of Provider form is received from the claimant, or date of receipt of claim if the selection of the physician was submitted with the claim.

**PART B CLAIMS ONLY**

BAD	Start	Date augmentation request is received.
	End	Date notification to affected party is issued.
BDD	Start	Date of notification that the dependent should be suspended or terminated.
	End	Date notification to affected party is issued.
BRB	Start	Date reinstatement request is received.
	End	Date notification to affected party is issued.
BSB	Start	Date of notification that benefits should be suspended.
	End	Date of CE signature on CM-1261 suspending benefits.
BSP	Start	Date split payment request is received.
	End	Date notification to affected party is issued.
BTB	Start	Date of notification that benefits should be terminated.
	End	Date of CE signature on CM-1261 terminating benefits.

**MEDICAL TREATMENT**

CMN1 CMN2 CMN3 CMN4 CMN5	Start	The date of receipt in the district office of the CMN. If more than one request is received for the same miner on the same day, the first will be entered CMN1, the second CMN2, etc.
	End	The date of the letter approving, denying, or returning the CMN.
RCMN1 RCMN2 RCMN3	Start	The date of receipt in the district office of the request for recertification or increase of oxygen or for change of a delivery system.

RCMN4

RCMN5

End            The date of the decision to approve, deny or return the request.

7. Optional Diary Action Codes. Below is a list of optional Diary Action codes in numerical order, with a description of each code. The list shows whether the optional code has only a start date or a start and an end date. The definition/description explains the intended start/end date for the specific code, however, individual district offices may alter the definitions to meet their individual needs. The date of receipt would normally refer to the date the item is received in the mail room. In a few instances, the district office will be the issuing office; in a case such as that, the date of receipt would be the same as the date of issue.

A list of obsolete codes can be found in the resource book, Exhibit 619. Obsolete codes are not to be used when updating the DIARY ACTION screen but do not need to be deleted.

These codes are optional and can be used at the discretion of the District and National Offices.

DAC	START/END	DEFINITION/DESCRIPTION
495	Start	Date request for the 725.495 statement is sent to the RO Section.
	End	Date the 495 statement is received.
525	Start	Request to Provider for missing diagnostic medical evidence.
	End	Date medical evidence is received.
530	Start	Request to claimant for medical evidence.
	End	Date medical evidence is received.
540	Start	Date dependency evidence is requested.
	End	Date dependency evidence is received.
571	Start Only	Date RO Agreement To Pay treatment package is sent.
572	Start Only	Date Workers' Compensation treatment package is sent.
911A	Start	Date proof of CME is requested.

DAC	START/END	DEFINITION/DESCRIPTION
	End	Date the coal mine employment evidence is received.
913	Start	Date the CM-913 is sent to the claimant to obtain a statement of comparability of current work to coal mine employment.
	End	Date the requested information is received.
971	Start Only	Date RO notified (CM-971) that the claimant is eligible for benefits and the RO is responsible for payment of benefits.
971B	Start Only	Date RO is notified that the claimant has requested a hearing on a denied claim.
973	Start Only	Date Notice of Conference is sent.
981	Start	Date the CM-981 is sent to verify school attendance.
	End	Date verification of school attendance is received.
1089	Start Only	On LM claim, the date CM-912 is sent to the eligible survivor.
1089	Start Only	On Survivor claim, the date the completed CM-912 is received.
1172	Start Only	Date the 04K audit review is completed.
1172A	Start Only	Date claim is returned to district office, no action recommended.
1172B	Start Only	Date claim is returned to district office, action recommended.
1172C	Start Only	Date claim is pulled for OIG review.
MOD	Start	When claim is on appeal and PCS receives a request for modification, PCS enters the date the request is received.
	End	Date the district office reviews the request.

8. Exclusive PCS Diary Action Codes. The Procedures and Claims Support Section has been provided with Diary Action codes exclusively for its personnel's use. The DACs are used to control the Section's workload, and are mandatory.

These are the only diary codes to be entered by PCS personnel on a claim not tracked to Station location "05"; except for 952P which is used when National Office needs to authorize payment to a Program consultant.

DAC	START/END	DEFINITION/DESCRIPTION
05	Start only	Date PCS receives and date-stamps the decision and order in the DCMWC mailroom. This is the date of filing in the DD's office.
505	Start only	Date the case is referred to the BRB.
906	Start only	Date of receipt of CM-906 in PCS. (Use of DAC 941 is also mandatory in PCS.)
ALJDO	Start	Date of the ALJ's Decision & Order.
	End	Date PCS completes analysis of the ALJ's D&O.
BRB01	Start	Date DCMWC receives the form "Acknowledgment of Appeal and Record Request" from the BRB.
	End	Date the record is sent to the BRB.
BRBDO	Start	Date of the BRB D&O.
	End	Date PCS completes analysis of BRB's D&O.
COADO	Start	Date Court of Appeals' decision is received by PCS.
	End	Date PCS completes analysis of the Court's decision.
FRDO	Start	Date PCS requests formal record from BRB and sends administrative file without formal record to DO.
	End	Date formal record is sent to DO.
MFR	Start	Date PCS receives notice that a motion for reconsideration was filed before ALJ or BRB.