

RECONSIDERATION REQUEST 1/ FEDRO

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0							0	
1	C	MCS RECONSIDERATION REQUEST(RCN1) OR FEDRO (FDR1)SD3									4
2	O	NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS									
3	L										
4	U	CROSS REFERENCE SSN: SSSSSSSSS BIC: SS SSN: SSSSSSSSS BIC: SS									
5	M	APPELLANT (IF OTHER THAN CLMT OR REP): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
6	N	ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX									
7	*	XX									
8	O	CITY: XXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 PHONE: 999 999 9999									
9	N	COUNTRY: XXXXXXXXXXXXXXXX CONSUL CODE: 999									
10	E	BIC: XX SPOUSE SSN: 999999999 CASE TYPE: 9 1. INITIAL ENT									
11		EXPLANATION PROVIDED (Y/N): X REQUESTED (Y/N): X									
12	R	APPEAL CLAIM TYPE: 9 9									
13	E	1. RSI RSI 5. SSI BLIND/TITLE II SSBC									
14	S	2. DISABILITY WORKER OR CHILD DIWC 6. SSI DISABILITY/TITLE II SSDC									
15	E	3. DISABILITY WIDOW(ER) DIWW 7. HEALTH INS ENT HIE									
16	R	4. SSI AGED/TITLE II SSAC 8. OTHER XXXXXXXXXXXXXXXXXXXXXXXX									
17	V	ISSUE: XXX									
18	E	REASON REQUESTED: XXX									
19	D	XX									
20		XX									
21		XX									
22		ADDITIONAL EVIDENCE (Y/N/F): X									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

*THE TITLE OF THIS SCREEN WILL CHANGE BASED ON THE SELECTION MADE ON THE NAPP (APPEALS ESTABLISHMENT SCREEN)

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional

Ln	0	1	2	3	4	5	6	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789							0	
1	C	MCS	RECONSIDERATION REQUEST 2 OR FEDRO 2				SD3		5	
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSS	
3	L									
4	U	SSI APPEAL:	9	1.	CASE REVIEW	2.	INFORMAL CONFERENCE	3.	FORMAL CONFERENCE	
5	M									
6	N	IF CLAIMANT REQUESTS OPTION 2 OR 3 UNDER SSI RECON, IS INTERPRETER								
7	*	NEEDED (Y/N):	X	IF YES, SPECIFY LANGUAGE:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
8	O	REPRESENTED (Y/N):	X	IF NO, LEGAL REFERRAL LIST TO CL (Y/N):	X					
9	N	ATTORNEY/REP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX				IF YES, ATTY (Y/N):	X		
10	E	ATTORNEY/REP ADDRESS:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
11			XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
12	R	CITY:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		STATE:	XX	ZIP:	99999	PHONE:	999 999 9999
13	E	COUNTRY:	XXXXXXXXXXXXXXXXXXXX		CONSUL CODE:	999				
14	S	FILED BY:	9	1.	APPELLANT	2.	REP	DATE FILED:	999999	
15	E									
16	R	DETER DATE BEING APPEALED:	999999		TIMELY REQUEST (Y/N):	X				
17	V	IF NO,:	9	1.	CLMT'S EXPLANATION	2.	OTHER INFORMATION	3.	BOTH 1 AND 2 APPLY	
18	E	EXPLANATION:	XX							
19	D		XX							
20			XX							
21			XX							
22		DATE SCREEN BEGUN:	999999							
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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Green	Conditional
Blue	Optional

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS		HEARING REQUEST 1				HNG1 SD3		6
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSS	
3	L									
4	U	CROSS REFERENCE	SSN: SSSSSSSSSS	BIC: SS	SSN: SSSSSSSSSS	BIC: SS				
5	M	APPELLANT (IF OTHER THAN CLMT OR REP)	XX							
6	N	ADDRESS:	XX							
7	*		XX							
8	O	CITY:	XXXXXXXXXXXXXXXXXXXX	STATE:	XX	ZIP:	99999	PHONE:	999 999 9999	
9	N	COUNTRY:	XXXXXXXXXXXXXXXXXXXX	CONSUL CODE:	999					
10	E	BIC: XX	SPOUSE SSN:	9999999999	CASE TYPE:	9	1. INITIAL ENT			
11		APPEAL CLAIM TYPE:	9	9						
12	R	1. RSI		RSI	5. SSI BLIND/TITLE II			SSBC		
13	E	2. DISABILITY WORKER OR CHILD	DIWC	6. SSI DISABILITY/TITLE II				SSDC		
14	S	3. DISABILITY WIDOW(ER)	DIWW	7. HEALTH INS ENT				HIE		
15	E	4. SSI AGED/TITLE II	SSAC	8. OTHER						
16	R	HEARING REQUESTED (Y/N):	X							
17	V	REASON HEARING REQUESTED:	XX							
18	E	XX								
19	D	XX								
20		XX								
21		ADDITIONAL EVIDENCE (Y/N/F):	X							
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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MCS APPEAL DISPOSITION DISP SD38
NH: SSSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSSS SSSSS SSSSSSSSSSS

DISPOSITION: 9 1. UNFAVORABLE DENIAL 4. DISMISSAL 7. ABANDON
2. PARTIALLY FAVORABLE ALLOW 5. WITHDRAWAL
3. FULLY FAVORABLE ALLOW 6. REMAND

DISPOSITION DATE: 999999 **EFFECTUATION DATE:** 999999

ALJ: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX **ALJ HO:** XXXX

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Yellow	Mandatory
Green	Conditional
Blue	Optional

MCS		APPEAL ESTABLISHMENT				NAPP SM20	
NH NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS		NH SSN: SSSSSSSSSSS					
APPEAL FILE LEVEL: 9		1. RECON		2. HEARING		3. FEDRO REVIEW	
LEV: I INITIAL		DECISION STATUS:					
R	RECON	1	RSHI ALLOW	5	DIB MED DENY	9	RSHI PARTIAL
H	HEARING	2	RSHI DISAL	6	NON-MED COMP	10	DIB PARTIAL
O	REOPEN	3	DIB TECH DIS	7	WITH/ABATE	11	DISMISSAL
F	FEDRO	4	DIB ALLOW	8	DELAY		

	CL NAME	CL SSN	FILE DATE	DEC DATE	ADJ DATE	LEV	SELECT
01.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
02.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
03.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
04.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
05.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
06.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
07.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
08.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
09.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
10.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X
11.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X

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Note: APPEAL FILE LEVEL is prefilled in update mode
 SELECT is not an MCS Data element on the MCS pending file

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MCS Screen ID	MCS Screen Name	MCS Data Element	MCS Screen Questions (Mandatory) <i>(Conditional)</i>	Edits	
NAPP	APPEAL ESTABLISHMENT	D1XO-CC-SEG-APPEAL-LEVEL-F1	APPEAL FILE LEVEL	(1) MUST BE A 1, 2, OR 3 (SURFACE) (2) NO ENTRY CAN BE MADE IF DEC IS BLANK (RELATIONAL)	
		N/A	SELECT	DATA MUST BE AN X (SURFACE)	
RCN1 OR FDR1	RECONSIDERATION REQUEST 1 OR FEDRO REVIEW	D1XO-PC-RC-BIC-F1	BIC	(1) CHARACTERS OTHER THAN ALPHA/NUMERIC (SURFACE) (2) VALID BIC (SURFACE)	
		D1XO-PC-RC-CASE-TYPE-F1	CASE TYPE	NONE	
		D1XO-PC-RC-EXPL-PROV-F1	EXPLANATION PROVIDED (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-RC-RECN-REQ-F1	RECON/FEDRO REQUESTED (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-RC-CLM-TYPE	APPEAL CLAIM TYPE	DATA OTHER THAN 1-8 (SURFACE)	
		<i>D1XO-PC-RC-CLM-EXPL-F1</i>	<i>OTHER</i>	<i>IF APPEAL CLAIM TYPE = 8, FIELD NEEDS DATA (RELATIONAL)</i>	
		D1XO-PC-RC-RECN-ISS-F1	ISSUE	NONE	
		D1XO-PC-RC-REA-RECN-RQD1-F1 D1XO-PC-RC-REA-RECN-RQD2-F1	REASON REQUESTED	NONE	
D1XO-PC-RC-ADL-EVID-F1	ADDITIONAL EVIDENCE (Y/N/F)	DATA OTHER THAN Y, N, OR F (SURFACE)			
RCN2 OR FDR2	RECONSIDERATION REQUEST 2 OR FEDRO REVIEW	D1XO-PC-RC2-REP-F1	REPRESENTED (Y/N)	DATA NOT Y OR N (SURFACE)	
		<i>D1XO-PC-RC2-LEG-REF-LIST-F1</i>	<i>IF NO, LEGAL REFERRAL LIST TO CL (Y/N)</i>	<i>DATA NOT Y OR N (SURFACE)</i>	
		<i>D1XO-PC-RC2-ATTY-NM-F1</i>	<i>ATTORNEY/REP NAME</i>	<i>MANDATORY FIELD IF REPRESENTED IS ANSWERED YES</i>	

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		<i>D1XO-PC-RC2-ATTY-F1</i>	<i>IF YES, ATTY (Y/N)</i>	<i>(1) DATA NOT Y OR N (SURFACE) (2) ATTY DATA ELEMENT MUST BE ANSWERED IF APPELLANT REPRESENTED IS ANSWERED YES (RELATIONAL) (3) ATTY CANNOT BE ANSWERED IF REPRESENTED IS ANSWERED NO (RELATIONAL)</i>	
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		D1XO-PC-RC2-ATTY-ADDR-LN-F1	ATTORNEY/REP ADDRESS	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-RC2-ATTY-CITY	CITY	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-RC2-ATTY-STATE-F1	STATE	(1) DATE IS NOT A VALID STATE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-REC2-ATTY-ZIP-F1	ZIP	(1) DATE IS NOT A VALID ZIP CODE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-RC2-REC2-FILED-BY-F1	FILED BY	DATA OTHER THAN 1 OR 2	
		D1XO-PC-RC2-REC2-FL-DT-D3	DATE FILED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-RC2-DETER-DT-D3	DETER DATE BEING APPEALED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-RC2-TMLY-REQ-F1	TIMELY REQUEST (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-RC2-NT-TMLY-REAS-F1	IF NO	(1) DATA MUST BE 1, 2, OR 3 (SURFACE) (2) MANDATORY FIELD IF TIMELY REQUEST IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-RC2-NT-TMLY-EXP-F1 D1XO-PC-RC2-NT-TMLY-EXP2-F1	EXPLANATION:	MANDATORY FIELD IF TIMELY REQUEST IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-RC2-SCR-BGN-DT-MDY	DATE SCREEN BEGUN	(1) MUST BE A VALID DATE (SURFACE) (2) DATE LATER THAN A CURRENT DATE (SURFACE)	
HNG1	HEARING REQUEST 1	D1XO-PC-HG-APPEAL-ADDR-LN-F1	ADDR	DATA OTHER THAN A-Z, 0-9, OR HYPHEN (SURFACE)	

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		D1XO-PC-HG-APPEAL-CITY-F1	CITY	MUST CONTAIN DATA IF ADDRESS CONTAINS DATA (RELATIONAL)	
		D1XO-PC-HG-APPEAL-STATE-F1	STATE	(1) DATE IS NOT A VALID STATE (SURFACE) (2) STATE ELEMENT AND ZIP ELEMENT CONFLICTING (RELATIONAL) (3) STATE ENTRY INVALID IF COUNTRY OR CONSUL CODE PRESENT (RELATIONAL)	
		D1XO-PC-HG-APPEAL-ZIP-F1	ZIP	(1) DATE IS NOT A VALID ZIP CODE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG-CASE-TYPE-F1	CASE TYPE	NONE	
		D1XO-PC-HG-BIC-F1	BIC	(1) CHARACTERS OTHER THAN ALPHA/NUMERIC (SURFACE) (2) VALID BIC (SURFACE)	
		D1XO-PC-HG-CLM-TYPE	APPEAL CLAIM TYPE	DATA OTHER THAN 1-8 (SURFACE)	
		<i>D1XO-PC-HG-CLM-EXPL-F1</i>	<i>OTHER</i>	<i>IF APPEAL CLAIM TYPE = 8, FIELD NEEDS DATA (RELATIONAL)</i>	
		D1XO-PC-HG-HEAR-RQSTD-F1	HEARING REQUESTED (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-HG-REAS-HR-RQD1-F1	REASON HEARING REQUESTED	NONE	
		D1XO-PC-HG-REAS-HR-RQD2-F1			
		D1XO-PC-HG-ADL-EVID-F1	ADDITIONAL EVIDENCE (Y/N/F)	DATA NOT Y, N, OR F (SURFACE)	
HNG2	HEARING REQUEST 2	D1XO-PC-HG2-RQST-ORAL-HEAR-F1	REQUEST ORAL HEARING (Y/N)	DATA NOT Y OR N (SURFACE)	
		<i>D1XO-PC-HG2-REAS-HEAR-WV1-F1</i> <i>D1XO-PC-HG2-REAS-HEAR-WV2-F1</i>	<i>REASON HEARING WAIVED:</i>	<i>MUST BE COMPLETED IF REQUESTED ORAL HEARING IS ANSWERED NO (RELATIONAL)</i>	
		D1XO-PC-HG2-REP-F1	REPRESENTED (Y/N)	DATA NOT Y OR N (SURFACE)	

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		D1XO-PC-HG2-LEG-REF-LIST-F1	IF NO, LEGAL REFERRAL LIST TO CLMT (Y/N):	(1) DATA NOT Y OR N (SURFACE) (2) MUST BE COMPLETED IF REPRESENTED IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-HG2-ATTY-NM-F1	ATTORNEY/REP NAME:	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-F1	IF YES, ATTY (Y/N):	(1) DATA MUST BE A Y OR N (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-ADDR-LN-F1	ATTORNEY/REP ADDRESS	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-CITY-F1	CITY	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-STATE-F1	STATE	(1) DATE IS NOT A VALID STATE (SURFACE) (2) STATE AND ZIP MUST NOT CONFLICT (3) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-ZIP-F1	ZIP	(1) DATE IS NOT A VALID ZIP CODE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-RECON-FILED-BY-F1	FILED BY	DATA NOT 1 OR 2 (SURFACE)	
		D1XO-PC-HG2-RECN-FL-DT-D3	DATE FILED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-HG2-DETER-DT-D3	DETER DATE BEING APPEALED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-HG2-TMLY-REQ-F1	TIMELY REQUEST (Y/N)	DATA MUST BE A Y OR N (SURFACE)	

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		<i>D1XO-PC-HG2-TMLY-REAS-F1</i>	<i>IF NO</i>	(1) DATA MUST BE A 1, 2, OR 3 (SURFACE) (2) MANDATORY IF TIMELY REQUEST IS ANSWERED NO (RELATIONAL)	
		<i>D1XO-PC-HG2-NT-TMLY-EXP-F1</i> <i>D1XO-PC-HG2-NT-TMLY-EXP2-F1</i>	<i>EXPLANATION:</i>	MUST BE COMPLETED IF REQUEST TIMELY IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-HG2-INTER-F1	INTERPRETER (Y/N)	DATA IS NOT Y OR N (SURFACE)	
		<i>D1XO-PC-HG2-LANG-F1</i>	<i>IF YES, SPECIFY LANGUAGE</i>	<i>NONE</i>	
DISP	APPEAL DISPOSITION	D1XO-PC-AP-DISPOS-F1	DISPOSITION	DATA MUST BE 1-7 (SURFACE) (1) CANNOT BE A FUTURE DATE (SURFACE)	
		D1XO-PC-DISPOS-DT-D3	DISPOSITION DATE	(2) MUST BE A VALID DATE (SURFACE)	