



Submitting Medicare Secondary Payer Claims

3/4/2025

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.





Today's Presenters

Carleen Parker

Provider Outreach and Education



Lori Langevin

Provider Outreach and Education



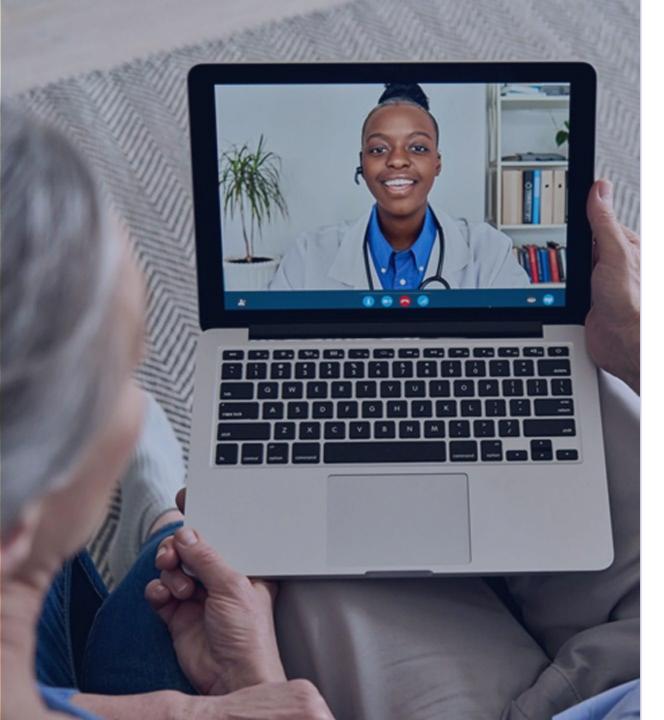


Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the <u>CMS website</u>.







Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

To understand how to properly bill Medicare as the secondary payer to avoid unnecessary appeals, including how to submit claims conditionally.

Learn how to utilize NGS self-service tools on our website and where to find MSP information.





Agenda

- <u>General MSP</u>
 - Why MSP
 - MSP Insurance Type Codes
 - Government Programs
 - Provider Responsibilities
 - Claim Submission Timeliness
 - Administrative Simplification Compliance Act (ASCA)
- <u>Paper CMS-1500 Claim Form (02/12</u>)
- MSP Electronic Submissions
- MSP Conditional Payment





General MSP



Why MSP

- Medicare Secondary Payer term used when Medicare does not have primary payment responsibility
- Protects Medicare Trust Fund by ensuring Medicare does not pay for services when other health insurance coverage is primarily responsible

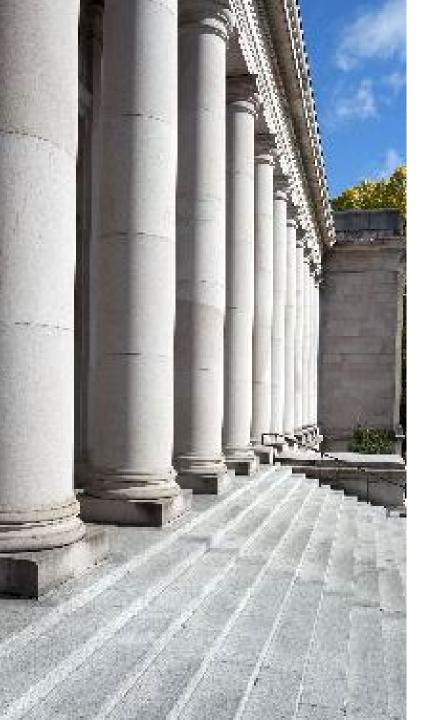


MSP Categories and Type Codes

- Group Health Plans
 - Working aged (12)
 - Disabled (43)
 - ESRD (13)
- Nongroup Health Plans
 - Workers' Compensation (15)
 - Automobile or other no-fault insurance (14)
 - Liability (47)
- <u>CMS IOM Publication 100-05,</u> <u>Medicare Secondary Payer</u> <u>Manual, Chapters 1–8</u>







Government Programs

- Federal Black Lung Program
- Veterans Administration
 - <u>CMS IOM Publication 100-05, Medicare</u> <u>Secondary Payer Manual, Chapter 3</u>
 - <u>CMS IOM Publication 100-05, Medicare</u> <u>Secondary Payer Manual, Chapter 5</u>
 - <u>CMS IOM Publication 100-02, Medicare Benefit</u> <u>Policy Manual, Chapter 16</u>



Government Programs Protocol

- If you were paid by both NGS Medicare and another government program, such as, Federal Black Lung Program, Veterans Administration or US Family Health Plan
- In NGSConnex, Initiate **Clerical Error Reopening**

- When NGSConnex asks, "Is this overpayment because Medicare paid as the primary payer, but another insurer is primary?"
- Select NO, because government programs are not MSP claims
- You will be directed to Reopening Details screen to proceed with your reopening request
- At claim line Click the drop-down arrow in "Claim Line Action" field and select "Initiate Overpayment"
- If claim line was billed in error, this will result in claim line being denied and recoupment of payment







Provider Responsibilities

- Determine if Medicare is primary payer for services rendered
 - Maintain office procedures to identify primary payer other than Medicare at each visit
 - Bill other payers before billing Medicare
 - Submit MSP claims when required even if primary payer made payment in full
- <u>CMS IOM Publication 100-05, Medicare</u> <u>Secondary Payer Manual, Chapter 3,</u> <u>Sections 20.2.1</u>



Claim Submission Timeliness

- Limit is one calendar year from date of service
 - Claims not submitted timely are provider-liable
 - Beneficiary cannot be charged
- Exceptions: <u>CMS IOM Publication 100-04,</u> <u>Medicare Claims Processing Manual,</u> <u>Chapter 1, Section 70.7</u>
 - Administrative error
 - Retroactive Medicare entitlement, including when state Medicaid agencies involved
 - Retroactive disenvollment from Medicare Advantage Plan or Program of All-Inclusive Care of the Elderly (PACE) Provider Organization







Administrative Simplification Compliance Act (ASCA)

- Most providers required to submit MSP claims electronically due to ASCA regulations
 - If submit all other claims electronically, must also submit MSP claims electronically
- Ten ASCA exceptions include
 - Medicare tertiary (third) payer claims
 - Providers submitting < ten claims per month
 - Physician/practitioner/supplier with < ten FTE employees
- <u>CMS IOM Publication 100-04, Medicare Claims</u> <u>Processing Manual, Chapter 24, Section 90-</u> <u>90.6</u>



Paper CMS-1500 Claim Form (02/12)

MSP Paper Claim Submissions

EALTH INSURANCE CLAIM FORM							
T Pica							ю П
MEXCAR MEDICAL THICKE SHAP	an allen	- Ellen	100	A BRAILER D & M	10.0	For Propagation in	19
OTHER WAR CALIFORNIA WITHIN MADE INTO	TRANSPORT (BRE	1 N					
ST BJPS JESPEN (see, flower)	A PRIME RUAT	PART FORMER		ARAM LANGE	(10. Test)		_
	Bar Incon	[] 04[] 0	1+ 🗌 .				
				NET.		en	1
COLD TRUPPORT DATA AND OTHER				14 C 22 B		Colors No. Col	
THE REPORT WE AND AND ADDRESS AND ADDRESS	C DIVISION DO	ALC: NOTION INCOME.	10	1.190/10/07/02/07		2	
THE PROPERTY OF STOLEY CARDING		Comerce Promote					
				ANALOUNE OF	nally.		
BERNED FOR HOCK VAL	NATAL AND	Photo Photo	CR (Balan	CONTRACTOR OF	100.00 (C. C. P.		
saler ap not not can	COMPACED	FT		BILINACE RANKS	0109-00390-0	NW.	
D.PACE SALMER OF PROPARISING		6 <u> </u> 10		ACCURATE A DESCRIPTION OF		_	
				77 THE 10 M		BRUE 14 10 20	a
BEAUTION OF THE REPORT OF THE	a a tarring the dist manual distribution manufactor and a per-	e die riteratie s die engel angel	rate 1	A size trans Alt	CONTROL OF STATES Netto & The andeniag Life	A DISOLUTE AND	and the
REAR .	5-19			0.007			
	and share	and the first of	(I	a council and for	ale jo waxno	WPT WORK	-
LAN O STREAM OF THE REAL OF TH	ST	_	•	STREAM STREAM	ADUR-ADDIG	And Street	NL.
ADDIDGE, COM STOCKED Dispersing within	5 00			ALCONT OF CALL AND	10	No. of Concession, Name	_
DARION STRUCTURE CONTRACTOR				in and a second	0		
	1	82942	_		OF DEAL D	7.00	
· · · ·		- C		II PEDEADADAD	CHARGE CONTRACT		
· SUTTO PARTY IS NOT	CALL STATES	A 10 10 10 10	-	1	A 14 5	ruda	
a 10 in 100 in \$2200,000 ar753		crim [1.2-198	LOWAR	an To un	PROMORES	5.1.
		111			101		
	1	LLI	1	11	100		
				1.1			
					104		
				104			
	11	III		11	101		
				L.I.	101		
PROBRALTACID MARRIET BEI DE PATIENTS	ACCOUT 40	P AUGHLARY		8 1014 CHAR 28	20 (600, st A)	S) Peaks	14400
DOMESTIC STREAM OF THE REAL OF STREAM	ALT CONTRACT	an a		S. B. LAUMANT	WOATHIN &	1	
Industry of the control of the set of the se							
-	Pill Pill				P		
C. Mandon Manual searche all were morting		PRINT OF THE	~	ALCONO.	CO CHEORE	Clear Fo	COLUMN

- Paper claims shall be submitted
 - Original red and white
 - CMS-1500 claim form (02/12)
- For MSP claims, specific items must be completed
- <u>NGS website</u> > Claims and Appeals > Medicare Secondary Payer (MSP) > <u>Prepare and</u> <u>Submit an MSP Claim</u>
 - <u>Electronic Data Interchange:</u> <u>Medicare Secondary Payer ANSI</u> <u>Specifications for 837P</u>





MSP Paper Claim Submissions: Line Items 4, 6, and 7

- Item 4
 - If insurance primary to Medicare, list name of insured
 - When insured and patient are same, enter "SAME"
- Item 6
 - Check appropriate box for patient's relationship to insured
- Item 7
 - Enter insured's address and telephone number
 - When address is same as patient's, enter "SAME"

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

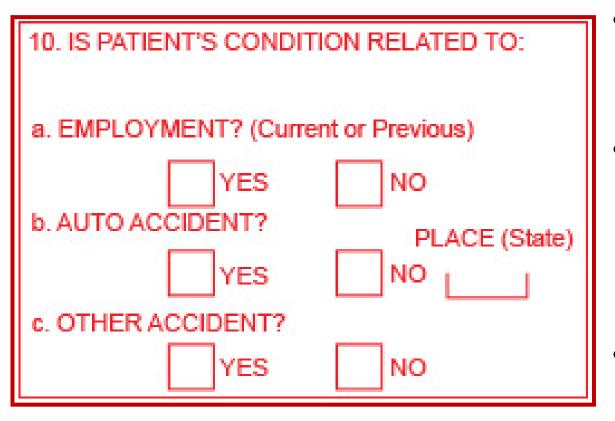


7. INSURED'S ADDRESS (No., S	itreet)	
CITY		STATE
ZIP CODE	TELEPHONE (Include Area	Code)





MSP Paper Claim Submissions: Line Item 10



Item 10a

• Is patient's condition related to employment? Yes/No

• Item 10b

- Is patient's condition related to auto accident? Yes/No
- If answer = yes, include twodigit state code under Place

• Item 10c

 Is patient's condition related to other accident? Yes/No





MSP Paper Claim Submissions: Line Item 11-11c

- Item 11
 - Enter insured's policy or group number
- Item 11a
 - Enter insured's eight-digit birth date and sex if different from Item 3
- Item 11b
 - Enter employer's name, if applicable
- Item 11c
 - Enter nine-digit payer ID for primary insurer or complete primary payer's program/plan name

11. INSURED'S POLICY GROUP OR FE	CA NUMBER	
a. INSURED'S DATE OF BIRTH	SE	X
MM DD YY		
	м	F
i i		
b. OTHER CLAIM ID (Designated by NU	CC)	
	,	
c. INSURANCE PLAN NAME OR PROG	KAM NAME	
d. IS THERE ANOTHER HEALTH BENE	FIT PLAN?	
VEC NO K		
YES NO If yes, co	mplete items 9, 9a	and 9d.





MSP Electronic Submissions

MSP Electronic Claims Submission Requirements

- Required MSP data for electronic claims
 - Indication of Medicare as the secondary payer
 - Insurance type code
 - COB payer paid amount claim level
 - Claim contract information (OTAF) claim level
 - OTAF = obligated to accept as payment in full
 - Claim adjudication date claim level
 - Service line information
 - Line adjudication information
 - Line adjustments
 - Line adjudication date
- <u>Electronic Data Interchange: Medicare</u> <u>Secondary Payer ANSI Specifications for</u> <u>837P</u>





	ARE	MEDICAID	TRIC	CARE	0	HAMPVA	GROUP	-	EEC		OTHE
(Medica	110#)	(Medicaid#)	(ID#/	DoD#)	0	Member ID#)	(ID#)	PLAN [(ID#)
NATION TS ACC	PESS 240 - 5	(wwf)		-	A OBHER	Care care o	7 115,74075-407	155 pe. 51	nd)		
TY.			1 47 47 G	R A EREPYED F	CRE CHE	One	atr				97A70
PC00#		Talaireces (hdade a	184 CO.00				2P-0008	_	almost	P Check Article	00404
OTHER INSUR	ETENNE CA	of Name, First Name, Mr.	the for Each	10.10 PK 10470	colemon	RELATED TO	11. 149, RED 10 POL	CN 6500	RITECA NUM	UE?	
CTHER INSURA	Ers POLICY C	R GROUP HUMBER		a EMPLOYMENT	Th Charmell in 1	Pro at la constanti de la const	a mik mervident	OF BRIDE		all t	
					180	140	* wardeling of the	W	v		6
EMP/AD FO	PLM, CC LOB			& AURO ADODS	ves D	PLACE (BLAD)	D OF SHICLASS	(then protect)	enuco		
1000 VCD-1 0	R NUCCUSE			c OTHER ACOD	a de la companya de la		C NURANCE PLA	NAME OF P	NOGRAM NA	6	
Man Provide Bar	No baser out	PROOF AN INAME		101 0.494 000	100	NO 04	E G THEPE ANCE	Contra Terr	0.0010		
							VBR		New Company		0.00
NO ENTE OF	AUTHORIZED	PERSON'S SIGNATURE	A administration that	neiva se cher y roude	दर्ब (क जीम्बर 198)	rait sceney	to insuration on a	of benafits to f	PERSON'S SA	SWITUPE I	and annow In applies for
to process feet	1 810 KG	enc permet di golarmo	e caratto altor	triars the	any we so a	e eliginat	serifons describe	C DED W			
9040				Darte .			034010				
and all a		R, DULIEY, III PERSONAL	CT (199) 15.1	CEMER DATE		1 **	NON SHOW	Sanara 15	10	and LD	NAT NY
nue or rer	CTANO PRO	witten on onem sour					HE HOOP THE PATH	S CALLED VO	LATED TO GU	CC-1 28	WICES,
ADOTTONAL (LANING	WT-OH (Designated by N		6 1495			20. 01/7 NOR LARP		10	0000	
			100	1 1]10 [10		
0.404068.0		LUNESS OF NULTER IN	ADD Balle AC United	1 1	1.0.00	1	a onscerve		10	1900	
0.4690560.0			100	1 1	ectrina D. His	1	20 0/7909 (AP)		TO BCH	1900	
				current, starter C40	C. CR C. PH.		20 OUT NOT A LAST	IZATION N/N	TO BCH	esce CM	*
CIAGNOSIS C	N HATUPE OF			Company, station (147)	C. CR C. PH.	ET CLAGACORS PCINTSH	20 OUT NOT A LAST		TO BCH	NO 101	ÓCTINO DENK D. #
DAGHOSE O	N HATUPE OF			Company, station (147)	C. IN IL PHU	CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0	IZATION N/N		NO 101	
CARNOSE C	N HATUPE OF			Company, station (147)	C. IN IL PHU	CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0	IZATION N/N		NO 101	
CARNOSE C	N HATUPE OF			Company, station (147)	C. IN IL PHU	CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0	IZATION N/N		NO 101	
CIAGNOSIS C	N HATUPE OF			Company, station (147)	C. IN IL PHU	CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0	IZATION N/N		NO 101	
CIAGNOSIS C	N HATUPE OF			Company, station (147)	C. IN IL PHU	CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0	IZATION N/N	10 8/29/4 PI 31/4, PDP 00/1 00/4 00/4 00/4 00/4 00/4 00/4 00/4	NO 101	
CIAGNOSIS C	N HATUPE OF			Company, station (147)	C. IN IL PHU	CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0	IZATION N/N	10 8/29/4 PI 31/4, RIP 00/1 00/1 00/1 00/1 00/1 00/1 00/1 00/	NO 101	
	N HATUPE OF			Company, station (147)	C. IN IL PHU	CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0	IZATION N/N	10 8/29/ 8/20/ 8/	NO 101	
CIAGNOSIS C						CRACHODIS	20 0079009 (ABP 152 - 22 4960, 85008 CB 22 9900 AUTO0 21 9900 AUTO0		10 8/29/4 PI 31/4, RIP 00/1 00/1 00/1 00/1 00/1 00/1 00/1 00/		

Indication of Medicare as Secondary Payer

- Payer responsibility sequence number code
- 2000B SBR01 element
 - P = Primary
 - S = Secondary
 - T = Tertiary

Item Claim Description		Loop	Field	Data Element Description	Requirements
			SBR09	Claim editing indicator code	Must = MB for Medicare Part B
1	Type of Health Insurance	2000B	SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary
			SBR02	Individual Relationship Code	Individual relationship code (18 = Self)



Claim Filing Indicator Codes

- 2000B SBR09 element
 - MB = Medicare (for most cases)
 - AM = Automobile medical
 - CI = Commercial insurance company
 - LM = Liability medical
 - WC = Workers' Compensation health claim

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
			SBR09	Claim editing indicator code	Must = MB for Medicare Part B
1	Type of Health Insurance	2000B SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary	
			SBR02	Individual Relationship Code	Individual relationship code (18 = Self)



. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP	FECA OT
(Medicare#)	(Medicaid#)	(ID#/DoD#)	(Member ID#)	GROUP HEALTH PLAN (ID#)	
PATIENT'S KODPETS INC	Steel)	O. IF ADDRET HOL AT		7 INSURED'S RECRESS (NO. 1	Head
DITY.		STATE & RESERVED FOR	NOCC VIE	otr	STATE
MP CODE	Talarocas Induk ke			21P 0008	()
	Greet Roam e., Finst Name, Milde		ONO-FICH RELATED TO	H. NOUNCE'S POLICY GROUP	
DITHER INSURED'S POUR			(Dumler) (r Providel)	* wareful of the	U F
RESERVED FOR NUCCU				6. OTHER CLAMIC CHARGE IN	
A SATURATION PLAN NAME			1000	E G THERE ANOTHER HERE TO	
		DUPLETING & BEAMS BUILT	181	ven 100	Opena, companie densi 9, 94, and 90 D PEPISONIS BASANTUPIE I activition
2 PATENTS OF AUXIMISE Is process the same 1 and later.	teo Hendow's side ktute i Nigaie payment di georenent.	catello beneficial of any method careficialities to myself or to the per-	or other information secondary synthe accepts lacegrament		the indesigned physician ar sugglar (
BOARD	NER, OLAFY, & PRESMANCY	GARS 15. CTHER DATE		BOILD THE DATING OF THE CANADA T	риансиследия одличатор
	aut.	GUN.	40] 00] 77	HON IS HORN TALENT OF SATES	10
B ADDTONN CLANING	First On Designated by NJC	17a AH		FROM 20. 01/7 SIGRI ARP	TO BCHWOEB
N DIAGNOSES OF NATURE	OF LUNESS OF NUMER PAR	in ALE on Kalling below (245)	8(D-965	155 HO 25 HOLES BARRIER CN CODE	CPERIMA PEP. NO
£ [8 L r. L	۵ <u>ــــــــــــــــــــــــــــــــــــ</u>	в [25 PRIOR AUTHORIZATION IN	MEEP
1 A CATHOR OF BRIT	A H C Te PLEX (F ENO	E PROCEDURES, SEMACES, Collah Oncesi Orcanda OrfacPCS MC		* 8.04/10/2	READING
LLL			LLL		-
			111		101
111		1 1 1	1 1 1		
TIM		I In In	I I I	1.1.1	
111		1 1 1	1 1 1		191
		PATIENTS ACCOUNT NO			MEDUNI PAD
B DOMITURE OF PHYSIC		GERNICE FACULTY LOCATION #	1458 NO	4	
				03 BLLNG PROVIDER INFO &	

U100-1

TTYPEA	APOPHICLAMICOMMITTEE MUC				PICA []]
MED-CHIE MED-		CHANNA SEC	hours - Ban	OTHER THE MEURODISTID HUND	ER (For Pogners in den 1)
(Made and) (Made	and /Cathole inter	INTER CALL (CA)	100	100	Name, Fect Name, Mothe Initial
		a real of	M N	F	
PATIENT'S ACCRESS IN	. Steel)	0. 19 +216217	ARAT COG-49 TO 109,99	D 7 HS ARD S ADAESS	Pite Steel
				ha	Lan en
0FV		SUAL SHERE'S	2 FOR MUCC USE	077	07670
secces	TRUE HISS INCOME AND GO	1943		8700 MS	THLEPHONE (PULLOR AND COME
	()			11. INSURED'S POLICY GROUP	OR FECA NUMBER
CTHER INSTRUCTORIAN	C.C. and Prise et, First Name, Maddie Inc.	140 10.10 PH/90	NTO CONCILION RELATE		
OTHER INSURED'S POUR	CY OR GROUP NUMBER	a EMPLOYS	ENT (Dent or Prevand	a. INSURED'S DATE OF BIRTH	
			NES NO	h others of any in characterist	M F
REPARTAD FORMACCO		B.AUROAD		b. OTHER CLAIM ID (Designated	by House
RESIDNED FOR NUCCU	68	c OTHER A	NES MO L	c. INSURANCE PLAN NAME OR	PROGRAM NAME
			165 10		
I NOVTANCE PLAN NAME	OF PROOF AN INAME	105 CLAW	000 85 (Des grave by NU	d. IS THERE ANOTHER HEALTH	BENEFIT PLAN?
	AD BACK OF FORM REFORE CON			YES NO #	yes, complete items 9, 9a and 9d.
	Office? On Designanting MUCO	17.6 APR	040 com	00 00000000000000000000000000000000000	TO BOWAGES
A [ance Type Code	, Change Her (H)
	1				-
N. A. CA76-50 CP S84 From	2000B or	00000		must equal one of th	
WW DO YY MM	2320	SBR05		ues: 12, 13, 14, 15,	
TIT			41, 42, 43 0	r 47 if 2000B SBR01	8/1
				"T" or "S"	
				1 1	1991
TTT	TTTT		LIII	1 1 1	1981
					941
			LILI	1 1 1	191
111					
111					
					101
S REGINE TATLE NOM		MENTS ADDOLINE NO	P 45985 4899		29 MICUNTPAD 38 Realty NUCCU

Common MSP Insurance Type Codes

- 2000B or 2320 SBR05 element
 - 12 Working aged beneficiary ages 65 or over with employer GHP through self or spouse
 - 13 ESRD beneficiary in 30-month coordination period with an employer GHP
 - 14 No fault insurance including automobile and other types
 - 15 Worker's Compensation
 - 41 Federal Black Lung Program
 - 42 -Veteran's Administration
 - 43 –Disabled beneficiary under age 65 with LGHP
 - 47 -Liability insurance



COB Payer Paid Amount

- Claim level
- Required when claim has service line approved/allowed amount and service line paid amount
- AMT segment loop 2320 (Other subscriber information)
 - COB payer paid amount claim level
 - With D qualifier
 - Total amount primary payer paid on claim (zero allowed)



EALTH INSURANCE CLA	M FORM		
MOVED BY NATIONAL UNIFORM CLAMP COM			
T/MA			MCA 1
MEDICARE MEDICAD TRICKIE		ART PLAN BELLAN	OTHER 14 INDURED GLD MANDER (For Regions in then 1)
(Studicand) (Huthand) (DADAD	land.		
FILTERT'S WAS (Last Name, Filt Name, Web		MALE DO TY M	SEX. 4. PER-REEPS INstelli Guet Name, Field Name, Molite technic F
ATIONT'S ACCORDING INC. SHARE		S PATIENT HILAT COGALP TO HER	HED 7 INSURD'S ADDRESS PK. STeel
		iat ippus (ha	Onw
¥	101 AT 6	A RESERVED FOR MUCCUSE	017 017
CODE TALAPHONE P	Calle Res Colleb		2P CODE 7.8.4PHONE (Include Aska Code)
()			11. INSURED'S POLICY GROUP OR FECA NUMBER
THER MOURCE/O NAME CASE Name. First Na	ere, Maste Niteb	IS IS PRISON S CONCILCUMER, AT	
THER INSURED'S POLICY OR GROUP IN ME		a EMPLOYMENTY (Durine) or Previo	a. INSURED'S DATE OF BIRTH SEX
			M F
ENERAND FORMLICS LINE		E AUTO ADCO DATA	b. OTHER CLAIM ID (Designated by NUCC)
		185	
DOCIDE DI NUCCUE		L OTHER ADD DENTY	C. INSURANCE PLAN NAME OR PROGRAM NAME
		185 📃 NO	
CUTWICE PURI NAME OF PROGRAM NAME	e	OL OLAW CODES (Designated by N	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
BEAD BACK OF FORM			YES NO If yes, complete items 9, 9a and 9d.
E process five care. I also visa act payment of gr show exercise 		DATE	BOAD To DATE AT ANY AND A DATE OF A
ante or reternano recuisten or on es economic cuentra creator con paqua	17a		1000 10 10 HORN TALEAR ON TELEVISION OF THE THE OWNER AT A COMPLEX AND THE OWNER OF THE OWNER OW
Diversion of mature of Lukess of M	UP / Palala Al, Erservic	vice later C40 annual	22 FER ALTER CV CCCPP - CPERINA, REF. IX.
		EDBA I	COR MIN AND STOLEN
6			23. IMAGE AUTHOR SATION HUMBER
21			
A CATEGO OF KERNICE II Pron Ta PLO TO to the to the to	0 Democration	sales, senarces, cel sullenzes L'Univer Orcenstatoro	DURANCES P. OT THE D. PONCENSO
1	AMT0	1 Amou	Int qualifier code = D
2320			
2320	AMT02	nionetar	y amount (Primary Paid
1	ANT U	2	Claim Level)
I I I I I I I	T	TTTT	
	1		
1 1 1 1 1 1	I I	TIT	
REDERING THE IS MUMBER	28 PATENTS AC	DOOLNIT NO 2" ACCEPT AND	
		100	NO 6 6
SOMETINE OF INFRICAN OR SUMUCH INCLUDING DRIVINGS OF CARDINERS	OR SETTINGS INC	OUTY LOOATION INFORMATION	as anno moved informer (

gap, 12 Will fail and any made a part florent

T PACA							MCA TT
MED-CHIE MED-CAD		MANA AREAN	Stim.	OTHER TH POLITICS	ISID MAREN		(For Program in dam 1)
(Multiana)	and the second	1000 L	1040	1004			
FRETERIES SHOE CLARTNARA, FRE	Cours, come inter	A PATIANT & BOTH OF		A PUBLICAD	S NAME CALL PARTY .	ed name, th	and test all
ATIONTS ACCORDS IN. BAND		& PATIENT HELATION			S ADONTESS PR., 514	-C.	
		ist ippus	Chiel One				
W.	a.	ATE & RESERVED FOR MUC	C USE	017			07.470
cope I ta	are so that inder the or Contain			2P-COLB			
(Carried Form Her Case						Include insta Colleg
OTHER INGURIER'S NAME GARING	and, First Name, Master Initial	10.18 PK 3EMPS CONCIL	CHARLATE	11. INSURED'S POL	ICY GROUP OR FEC	A NUMBER	
				a. INSURED'S DA	TE OF BRTH		SEX
THER INSURED'S POUCY OR O	POLP NUMBER	a EMPLOYMENTY (Dura	et or Pharmaco	MM DD	1 YY	м	F
BREAD FOR MACE LINE		E AURO ACCEDUR?	- MO	b. OTHER CLAIM ID	(Designated by NUC	C)	
Contract of the local data		E AUTO ACCEDAT?	P.4		and the states of the		
ESCHOLD FOR NUCCHEE		C OTHER ADD DENTY		c. INSURANCE PLA	N NAME OR PROGR	AM NAME	
		145	0				
NOUTHINGE PLIES NAME OF PRO	SWAR MARK WATCH	101 CLAW CODES (Des	praive by NUC	d. IS THERE ANOTH	IER HEALTH BENEF	T PLAN?	
				YES	NO If yes, con	opiete items	9, 9a and 9d.
PATIENTS OF AUTHORIZED PER	ROOV'S SHORE FAIRFURD	e the telesce of any medical or office	e information seco		of medical benefits to th	e narige	i pyscere suppler to
(gion.	payment or great more that were	and children a proceeding and	and a solution	- Services	An of the birs w		
1001KD		Date:		00461	þ		
DATE OF CLARENT RUNNING IN	CORT, OF PRESSNARCY (CAR)	15. CEHER DATE	00.j YY.	16. DA169	Mand Samere 10.	NORK IN CUR	CENT COCCUPATION
GIN.		aux		FROM		10	
				10.147000.71	CONTRACTOR DUPON NOT	1 P. P. P. C. C. I	PURPLY APPLICATION
1		178 141		IS HOBIT	Reve Stores Ma		They Broken
		175 141				10	MINER DE LE CONTRACTOR
ADTONA CANIFEORNES	On Computer in 1970	175 144				10	
ADTONE CANTERNARY	On Computer in 1970	173 161		20 CUTINO		10	A M
ROTORS CLANTIFORNO	De Chelgeane by 19200 1956 Of 1920 Theate Ac. 6	173 161	ana 0	20 COURS		TO BCHM	A M
ROTONE CONTROLOGY	De Chelgeane by 19200 1956 Of 1920 Theate Ac. 6	TTS NO.		20 COURS		TO BCHM	A M
	Compared to 19/00	Contraction before (240) Contraction before (240) Contraction before (240) Contraction before (240) Line contraction (240) Line contraction (240) Contraction before (240) Line contraction (240) Contraction (240) Line contraction (240) Contraction (240) Line contraction (240) Contraction (240)C Contraction (240) Contraction		21 CALLER 21 CALLER 21 CALLER 21 FERCE 480 23 FERCE 480 23 FERCE 480 24 FERCE 480 25 FERCE 480 26 FERCE 480 27 FERCE 480 28 FERCE 480 29 FERCE 480 29 FERCE 480 29 FERCE 480 20 FERCE 48		TO BCHM REINAL REP BCM	NO A
араптоник, соченнигольного рикановые ок никтипет ок сал в работи и прититет ок сал в работи и прититет ок работи ок со со со со	24 Seegaated by 14200	Contribution D4D and Contribution D4D and Contribut		20. FRIGH		TO BCHM	A M
ароптски, сонинистински рианово ок нитиле ок со в работ се нитиле ок со в работ се селосов работ та	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		PRON 20 CALLING 20 CAL			
аропски, сонингольско синанова оклинтоле ок со в колоса колоса колоса колоса колоса колоса	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		PRON 20 CALLING 20 CAL			
аропски, сонингольско синанова оклинтоле ок со в колоса колоса колоса колоса колоса колоса	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		8 0,0005			
ароптски, сонинистински рианово ок нитиле ок со в работ се нитиле ок со в работ се натоле комо та	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		8 0,0005			
аропски, сонингольско синанова оклинтоле ок со в колоса колоса колоса колоса колоса колоса	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		8 0,0005			
ароптски, сонинистински рианово ок нитиле ок со в работ се нитиле ок со в работ се натоле комо та	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		8 0,0005		10 8 CMA RESING. REP 800 800 800 800 800 800 800 800 800 80	
ароптски, сонинистински рианово ок нитиле ок со в работ се нитиле ок со в работ се натоле комо та	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		8 0,0005		10 8 CMA RESING. REP 800 0.005 0.005 0.005 0.005 0.005 0.005	
араптоник, социального со онионовия оклинатольного в с с с с с с с с с с с с с с с с с в с с с с	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		8 0,0005		10 8 CMA RESING. REP 800 800 800 800 800 800 800 800 800 80	
АССПОНИ, СОАНТИРОПИСТА ОНАНОВІВ ОК НИТИРЕ ОГ СОА В С	24 Seegaated by 14200	Contractions before \$450CC ColCC ColCC ColCC ColCC Col_CUMENT, Seria Cest, OF 51 Col_CUMENT, Seria Cest, OF 51		8 0,0005		10 8 CMA 8 C	
ADDITIONAL CLANING/ORANGE DIAGNOSISI ON NATURE OF LD R R CONTROLOGY ON NATURE OF LD R R R R R R R R R R R R R R R R R R R	SH Schegewahrt by 190000 IPS6 OF HALP! IPS6 OF HALP	transition laster (240) c		8 (CALLER 20 CALLER 20 CALLER		10 8CPM RE1048, REP 80 80 80 80 80 80 80 80 80 80 80 80 80	
ADDITIONAL CLANING/ORADICA DIAGNODIS ON MATURE OF LD R R CONTROL P SERVICE POST CONTROL P SERVICE R CONTROL P SERVICE R CONTRO	SH Schegewahrt by 190000 IPS6 OF HALP! IPS6 OF HALP			PROAL P		10 8CPM RE304, REP 80 80 80 80 80 80 80 80 80 80 80 80 80	
Аралтони, съиннитольного Биланова оп нитите от сал в С	Changestelling 194/CO Changestellin			PROAL P		10 8 CMA RESINAL REP 80 80 80 80 80 80 80 80 80 80 80 80 80	

COB Payer Allowed Amount

• Claim level

- Obligated to accept as payment in full (OTAF)
 - Only required when OTAF amount greater than zero
 - Medicare claims processing system determines OTAF amount
 - Subtracts contractual obligation group code amount from submitted charges

Loop	Field	Data Element Description
2300 or 2400	CN102	OTAF amount





Claim Adjudication Date

- Claim level
 - Required on all electronic MSP claims
 - Report the date the claim paid/processed by primary payer by using a DTP segment in loop 2330B
 - DTP01 element = 573 (indicates date listed is date claim paid)
 - DTP02 element = D8 (indicates format of date)
 - DTP03 element = enter date claim paid/adjudicated by primary payer



HEALTH INSURANCE CLAIM FO	ORM					
APPROVED BY INFORM, UNPORTO, AND COMMITTEE	MUCO 6842					
1. MEDICAD TROUME	OHMAN	GROUP	IS CA	00468	14 POLINED GLD MANDER	(For Pognation tan 1)
(Medicanel) (Medicanel) (CARDICA)	inter a	1000 The PLAN	100	1000		
2 PATENT'S WALL (Latinana, Patinana, Materieta)		A PATIENT WHEN THE CATE	- SD	F	A PUBLICED'S NAME CARDiano, Fed	Name, Muster to Lab
5 PATIENT'S ACOPESS INI . SHARD		6 PATIENT HELAT COGH	IO MALASE	D	7 INSURED S RECRESS PR., SHORE	
		hand hand	no on	-		
CPV	STATE	A RESERVED FOR MUCC	USE .		017	07470
2PCODE TRUE HOLE AND A	es Coltel				38-2 B-000 45	PHONE (Include Area Colleg
()				11. INSU	URED'S POLICY GROUP OR FECAL	NUMBER
9. OTHER INSURED TO NAME CLIEF Parent, Fiel Name, Max	te to tab	10.18 PK SENTS CONCIDE	CHINELATES			
4. OTHER INSURED'S POUCY OR GROUP MUMBER		a EMPLOYMENT (Durine)	or Prevento	a. INS	WRED'S DATE OF BIRTH	SEX
		100	140		ii	A F
IS RENERVED FOR MUCC LOW		8. AURO ADDOBNT?	- 24	B. OTHE	ER CLAIM ID (Designated by NUCC)	
		185	Mo F	c. INSU	RANCE PLAN NAME OR PROGRAM	NAME
e nestriket Foli NUCCUSE		< OTHER ACCIDENT?				
4. NOUTANCE FURNINNE OF PROGRAMINAME		10: CANCODES Desig	The second se	d. IS TH	ERE ANOTHER HEALTH BENEFIT I	PLAN?
						te items 9, 9a and 9d.
BEAD BACK OF FORM REFORM	COUPLETING	A BENNS BUILDER.	and second or other	-	pament of medical bendits to the u	
E process for care 1 and rais an payment of government taken	taretts after	Existing to the party who as	cape andgers	et.	services described between	onsherblice a sthe o
and an		Date			SIGHED.	
14 DATE OF CLARENT KLINEVER, INLUSIC, & PRESIDENC MM DC YY CRAL	15.0 QL	AND AND AND AND	20. 1 11	2	an on the Wanter Towa	NO NO. REAL OCCUPATION
17 NAME OF REFERENCE PROVIDER OF OTHER SOURCE					HORNTALEATON CATES TO AT	TO CUPTENT STANDED
	1/1	161			PRON DO TO	10 10 17
19 ADDITIONAL CLAIN INFORMATION Designated by NO	00				20 CUTINOPLART	всичноев
21 Diversions on Mature of Lukess of MURA IN		wine being 17.0%		_	155 NO	
		Ocure degree tracts - 100-3	na 1		COD8 CPU	INAL PEP. INC.
	e L				23. PRIOR AUTHOR SATION NUMBER	
11	× 1					
24. A 0.4256-50 (24 KB4KA)CB B G Peon TE PLATE (24 NM DO YY MM DO YY STRACE (24)	Cate	DUPER, Bernarces, CH SUP In Onceasi Circenstances) C5 1 MCDORER	04	R NONCOST	E CONTRACT DE LA CONTRACT	
		P	rimar	v in	surance adjud	ication
00000 07	DTP	01 '	- III Ca	,	date	
2330B or			_			
2430	DTP	02	Dat	e tin	ne period qual	ifier
	DTP	03			Date paid	
	T	TIT	I I			191
			1			101
25. FEEKING TAX 10 MUMBER 201 DN 21	E PATENTS A		Ser allow		29. FOT A, CHARGE 29. MAD	INT PIND DD Fereitiy MUCCUM
SK SCAWTURE OF INVISION OF SUITURE	CEPHACE IN	OUT Y LOOATION INFORM	100 (100 BT	,	IS BLUNS MOVED INFO & Prie	
INCLUDERS DECRETS OF CREDENTINES (CONTY that the statement for the sovered region to the ordinant and a good thereof (

								PICA IT
MEDICIPIE MEDICA	ND THOMAS	CHIMPLA	- HER PLAN	Section.	00468	NE INSURED ST D. MANDER	(Far Progr	n in then to
(Motand) 🔲 (Mota)	M) (D#DxD4)	illetter Cr	· 🗌 (86)	100	1000			
FRI GRI S NAME (LAST IN BE	in, Pest Name, Malle Indo	6	Add & DO & YE	5 _ 2D		A PUBLICE/S NAME CALIFORNIA	Field Name, NAME IN LAC	
NUMBER OF STREET, NO.	Real of the second s		PATIENT HELAT COG	M	5	7 115 PEC 5 400725 Pe. 51		
a tour place can per-	(man)			-		/ House S Auntain Pr. 11		
TV .		141 ATE	I REGERVED FOR MUCH	_		017		07470
-C00#	TRANSPORTED INCOME.	ere Onto			_	2P-0058	THEFT DOE DOWN	a Celeta
	()				11, INSU	RED'S POLICY GROUP OR FE	CANUMBER	
OTHER INDURIES TO NAME (Loci Ner e, Froi Ner e, M	dife to help	0.18 PK3ENTS CONCT	NON-RELATED				
THER INSURED'S POLICY	CRIGHOLP HUMBER		EMPLOYMENT (Date	et or Property	a. INS	URED'S DATE OF BIRTH	SEX	0.55
			T VED	10				F
REARING FORMUCCUR			AUTO ACCOUNT?	-	b. OTHE	R CLAIM ID (Designated by NU	00)	
			185	1 m		AND TO AN ADDRESS OF THE	PARA STATE	
reserves ran woodus	E		CONTRACTORNEY	-	C. INSUE	RANCE PLAN NAME OR PROG	KAM NAME	
			180	MO NO	4 10 00 -	THE MOTOR WALLS	PT PL 4117	
NOUTHINCE PLAN NAME O	No regional manage		OL OLAW CODES (DWG	former of stre		ERE ANOTHER HEALTH BENE		
	D BACK OF FORM BEFOR	E COUPLETING	MINNS BUTCHE		1	YES NO If yes, co	mplete items 9, 9a and	96.
PATIENT'S ON AUTHORIZE El procese five crare. I éso x Infore	is an payment of gramme	ver itsruffts-affrer E	right o to be pety who	allight allight	wet.	payment of marcined benefits to the services described between	re anarogen price	a rithe G
DATE OF CLARENT RUNS	THE REAL PROPERTY OF PROCEEDING	CYANE IS O	Date		_	ar owned Tang Namere 10	ACREMENT OF	18-17-18
	Que.	QUA		.00 17		ERON MAL NO. 17	NAC 10	77
NAME OF PETERPANO PR	owsen on on-en sou	NCE 174				IS HORNTALEATION CATES IN	LATED TO CATER T	TAXED
		1/8	1411			FINCE	200	
and the second second second second							10	
NOTIONS CLANINE C	NoCON Seegment by N	600				as currecte uner	B-CHURDER	
							B CHVMSER	
				ana				
		Mada A., Koserika	rine tator 045 ecc			20 CUTINGE (AST 12 TES NO 100	B CHVMSER	
			rine tator 045 ecc				B CHVMSER	
		SVD0	1 Prima	Ident	ificatio	IT CUTTER (ANT TES NO TES NO TES NO TES NO TES NO	BCHWINER DESINAL REP. NO.	NÓCTINO .
		Mada A., Koserika	1 Prima	Ident	ificatio	an code d amount (line	BCHWINER DESINAL REP. NO.	HOCTING MORE D. #
Diversion of National		SVD0 SVD0	1 2 Prima	Ident ary pay	ificatio er pai leve	an code on code id amount (line I)	BCHWINER DESINAL REP. NO.	
Diversion entire of	7 West (* 1609) 7	SVD0 SVD0 SVD0	1 2 Prima 3 Me	Identi ary pay dical pr	ificatio er pai leve	on code d amount (line l) ure identifier	BCHWINER DESINAL REP. NO.	
Diversion of National		SVD0 SVD0	1 2 3 Me	Identi ary pay dical pr	ificatio er pai leve	an code on code id amount (line I)	BCHWINER DESINAL REP. NO.	
Diagnotes on writere o	7 West (* 1609) 7	SVD0 SVD0 SVD0 SVD0 1	1 Prima 3 Me 3-	Identi ary pay dical pr	ificatio er pai leve	on code d amount (line l) ure identifier	BCHWINER DESINAL REP. NO.	
Diagnotes on Natione of	7 West (* 1609) 7	SVD0 SVD0 SVD0	1 Prima 3 Me 3-	Identi ary pay dical pr Servio	ification er paie leve roced	on code id amount (line l) ure identifier qualifier	BCHWINER DESINAL REP. NO.	
	7 West (* 1609) 7	SVD0 SVD0 SVD0 SVD0 1	1 Prima 3 Me 3-	Identi ary pay dical pr Servio	ificatio er pai leve	on code id amount (line l) ure identifier qualifier	BCHWINER DESINAL REP. NO.	
	7 West (* 1609) 7	SVD0 SVD0 SVD0 SVD0 1	1 Prima 2 Prima 3 Me 3-	Identi ary pay dical pr Servio S	ification er paie leve roced	on code id amount (line I) ure identifier qualifier e ID	BCHWINER DESINAL REP. NO.	
Diagnosis on Nature o	7 West (* 1609) 7	SVD0 SVD0 SVD0 SVD0 2	1 Prima 2 Prima 3 Me 3-	Identi ary pay dical pr Servio S	ification er pai leve roced ce ID ervice	on code id amount (line I) ure identifier qualifier e ID	BCHWINER DESINAL REP. NO.	
Diversion entire of	7 West (* 1609) 7	SVD0 SVD0 SVD0 SVD0 2	1 Prima 2 Prima 3 Me 3-	Identi ary pay dical pr Servio S	ification er pai leve roced ce ID ervice	on code id amount (line I) ure identifier qualifier e ID	BCHWINER DESINAL REP. NO.	
	2430	SVD0 SVD0 SVD0 SVD0 2 SVD0 2 SVD0	1 Prima 2 Prima 3 Me 3- 5	Identi ary pay dical pr Servio	ification er pai leve roced ce ID ervice	on code id amount (line l) ure identifier qualifier e ID tity		
	2430	SVD0 SVD0 SVD0 SVD0 2	1 Prima 2 Prima 3 Me 3- 5	Identi ary pay dical pr Servic S	ificatio er pai leve roced ce ID ervice Quan	on code d amount (line l) ure identifier qualifier e ID tity		
	2430	SVD0 SVD0 SVD0 SVD0 2 SVD0 2 SVD0	1 Prima 2 Prima 3 Me 3- 5	Identi ary pay dical pr Servic S	ification er pais level roced ce ID ervice Quant	an code d amount (line l) ure identifier qualifier e ID tity		
	2430	SVD0 SVD0 SVD0 SVD0 2 SVD0 2 SVD0	1 Prima 2 Prima 3 Me 3- 5	Identi ary pay dical pr Servic S	ification er pais level roced ce ID ervice Quant	on code d amount (line l) ure identifier qualifier e ID tity		

Service Line Information

- Line adjudication information
 - Services billed to primary payer
 - Procedure code, units billed, amount paid, etc.
 - Required if claim adjudicated by primary payer and service line adjustments applied
 - SVD segment in 2430 loop
 - Information in SVD01 must match payer ID for primary payer





Reminder: Line Adjudication Information

- Payment amount entered in service line adjudication field
- Plus
 - Adjustments listed in line level adjustment fields
- Equals
 - Total amount billed for that service line



Service Line Adjustment Information

- Line adjustments
 - Required if primary payer made line level adjustments
 - CAS segment of 2430 loop, include
 - Monetary adjustment amounts
 - CARC from primary remittance advice
 - Claim adjustment group code CO,OA, PI, PR

TTYCA	LINE OLD CLARK CONTRACTOR	E 34.40(3) 68/52					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				MCA			
	MEDICAD TRICKIE	CHIMINA GEO	UP ISCA	COLER 14 INDURED ST D. MARGEN (For Pegnan in ten 1)			
	(Annan) (Cebice)	Inter Ca ICa	The PLAN DECEMBER	lose l			
FRI ENT & NAME OF	Latiture, Perchana, Main Into	E 2 PATISHT	A PROVIDE THE REAL PROVIDE THE PROVIDENT	A PLIC PEEPE NAME Cast Pares, Fest Name, Multis Hella)			
			M	F			
PATIONTSACOPE	55 (H), Steel)	6. P #ENDY	HEAT OG -IP TO HEATS	ED 7 INSURED IS ADDRESS PAL. SHORE			
		iar 🗍	ipout Cha Ch	Tar			
off v		UT ATE Q. PEOEPNE	E FOR MACC USE	017 07410			
PCODE .	TRUEFICATE INCOME.	tes Oxisi		2P-CODE 78.8PHONE (FIDURE AND COME			
				11. INSURED'S POLICY GROUP OR FECA NUMBER			
OTHER INDURING TO	I NAME G. ALTO MARK. FROM THAT & MAL	ale hite 10.15 PK35	MTB CONCILION RELATE				
				a. INSURED'S DATE OF BIRTH SEX			
CTHER INSURANCE IN	FOUCY OR GROUP IN MEET	a EMPLOYS	VENTI (Carsel or Prevance	MM DD YY			
			NES NO	M F			
PERMIT FORM	LICE LINE	8.AUROAO	hand hand	b. OTHER CLAIM ID (Designated by NUCC)			
			1155 1401				
neson veb ir ofi ni	000008	c OTHER A	hand had be	c. INSURANCE PLAN NAME OR PROGRAM NAME			
			145 000				
NUMBER PLAN	NINE OF PROOF AN NAME	101 CLAM	CODES (Designated by NAC	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?			
				YES NO If yes, complete items 9, 9a and 9d.			
	BEAD BACK OF FORM HET CR	COUPLETING & BEAMS	NOT COME	TES NO IT yes, complete neme s, sa and so.			
	NEW CONTRACTOR Subgraded by N		045 ED HA	FIGN TO 20 OFFICIE LARP B-CHARSER 100 100 110 100 120 Helling Larphone 120 Helling Larphone			
	0000	CAS01	Claim a	adjustment reason code (CO, PR, OA)			
NU DO	2320 or	CAS02	140				
	2430	CAS03					
		CAS04					
-	00000 01	DTP01	Primary insurance adjudication				
	2330B or			date			
2430 DTF		DTP02	P02 Date time period qualifier				
	1	DTP03		Date paid			
-		DIF05		Date paid			
		I I	I I I I				
		I I	IIII	191			
				101			
S FEDERAL TAX ID		а мента коссил но	AD THE DEST OF	101			

U1226-5



29

TYPEA							PICA ETT	
MED-CHIL MED-CA	0 TH CAPE	OHM	VA _ HERR PLAN	100 Mar 004	R 14 POLICES D MADE	(Far	Pograti in ten 1)	
Shotcanel 🔲 (Andrian	M) (((M))(M)	186-10 w	00 000	100 000				
THE REAL PROPERTY AND A RE	a, Fest Nama, Matte Indi	4	2 PATISATE SECTA DA	S 201	A INSURED STATE CARDIN	ano, Fact Nano, Mutte	N140	
ATTENT'S ACCOUNTS IN				M F				
ALENT SALPHER PR.	(mean)		& PATIENT HELATION	-	7 INSURED S ADDRESS PK	COTHER .		
Y.		101 AT	9 PERFYECTOR MA	Chiel Otw	CTT /		07470	
			a reason as rear and	1.17E	Carr.		016.0	
cone	The service in the let	Rea Caleb			2P-00EB	18.4PH/348-9rda	ON A NEW CEMPE	
	()			11. 10	SURED'S POLICY GROUP OF	R FECA NUMBER		
THER IND, RICEI'S NAME (Loct Name, First Name, M	dife brind)	10.18 PK 354" 8 CONC					
					SURED'S DATE OF BRTH	SE	x	
THER INSURED'S POUCY	OR GROUP NUMBER			EMPLOYMENTI (Darwellar Prevance MM DD YY M F			F	
ENERGIA POR MACCUN			B. AUTO ACCEDNT?		HER CLAIM ID (Designated by	NUCC)		
			VES	P.A				
Internet of the success	1		C OTHER ACODEMET	c. INS	URANCE PLAN NAME OR PR	ROGRAM NAME		
			100	0				
NOUTHINGE PLAN NAME O	PROOF AN NAME		101 CLAW CODES (De	grave to stat	THERE ANOTHER HEALTH B	ENEFIT PLAN?		
					YES NO If yes, complete items 9, 9s and 9d.			
NUMBER OF A DESCRIPTION	D BACK OF FORM REFC	E COUPLETS	A BENING BUILTORS.	or internation, personal in	payment of medical benefit	billion and an and a second second second	And an an ending her	
ROTORE CENTRE	A FTIGER OF HIT WALL	ACCO NUMB ALL DOM		p ma	22 - Mace Manage CARP 23 - CORP 23 - CORP - CARP 23 - Mace Manage CARP 23 - Mace Manage CARP 23 - Mace Manage CARP	TO BOHMOR		
		0		0	23 PROPAUTION AUTION	N/MEEP		
	A L			- C. (
A GATE-50 (P SERV.) From	T4 PLACE (P)	0.0	BOARRES, BRITACES, CR 1 Fait Universi Orcansfances	E.PTURS B	E CHANGES INT		RONOCRINO	
U DO VY MM	00 YY JUSHAR R	VO OPTING	PCS HODE	en PONTAN	Convision In T	(Re (3.0)	RECYCLER D #	
I I I I	TIT	1	TTT	TI	I II	1 100		
		-	1 1 1		1 1 1	1 1 1 1 1		
IIII		1		11	1 1 1	1001		
				1		1971		
				1 1	1 1 1	1		
		_			1 1 1			
TTTT	1 1 1	1	T T T	1 1	1 1 1	1 101		
		-		1 1				
1 1 1 1	IIII		LIII	1 1	1 11	1 101		
FEDERAL TAX ID MIMER		28 PATENTS	ACCOUNT NO 27	NORT APPROPRIAT	29. FOTA, CHANGE	29 MADUNT PIND	00 Featly NUCCUS	
				ON BTY	6			
INCLUDED OF PHYSICA INCLUDED DEGREES OF		OD SETTINGS	ADUTY LOOKTION NEOR	MATION .	25 BLUNG MICHORN INFO	server ()		

Service Line Adjudication Date

- Line adjudication date
 - Required on all electronic MSP claims
 - DTP segment of 2430 loop
 - Date/time qualifier of 573
 - Date/time-period format qualifier of D8

2330B or 2430	DTP01	Primary insurance adjudication date		
	DTP02	Date time period qualifier		
	DTP03	Date paid		



MSP Electronic Claim Submissions

- MSP electronic billing guidance
 - <u>NGS Website</u> > Resources > Claims and Appeals > CMS 1500 Claim Form
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims
 - <u>NGS Website</u> > Resources > Claims and Appeals > Medicare Secondary Payer (MSP) > Prepare and Submit an MSP Claim
 - <u>Medicare Secondary Payer Manual for Electronic Submitters/ANSI Specifications for</u>
 <u>837P</u>
- Billing MSP Claims via PC-ACE
 - Parallels items on paper CMS-1500 claim form
 - Creates compliant ANSI X12 file to submit to NGS electronically
 - PC-ACE Medicare Secondary Payer Reference Guide available on our website
 - Resources > EDI Solutions
 - EDI Software About PC-ACE





MSP Conditional Payment



Conditional Payment

- Medicare pays the provider because payment has not been made or is not expected to be made by primary insurer
- Payments are made "on condition" that Medicare will be reimbursed if it is demonstrated that the insurance is or was responsible for making primary payment for services rendered



Conditional Claim Payments

- Four circumstances when a conditional payment can be made
 - Beneficiary appeal/protest GHP denial of claim
 - GHP denied claim because timely filing limit expired
 - Provider failed to file proper claim due to mental/ physical incapacity of beneficiary
 - Claim sent to specific primary insurers and payment not made within promptly period



Conditional Payment Data Requirements

Type of Insurance	CAS	Insurance Type Code 2320 SBR05 From Previous Payer(s)	Claim Filing Indicator (2320 SBR09)	Paid amount (2320 AMT or 2430 SVD02)	Condition Code (2300 HI)	Date of Accident
No Fault/Liability	2320 or 2430 – valid information why NGHP or GHP did not make payment	14 / 47	AM or LM	\$0.00	N/A	2300 DTP 01 through 03 and 2300 CLM 11-1 through 11-3 with value AA or OA
WC	2320 or 2430 – valid information why NGHP or GHP did not make payment	15	WC	\$0.00	02 Condition is Employment Related	2300 DTP 01 through 03 and 2300 CLM 11-1 through or 11-3 with value EM





References and Resources

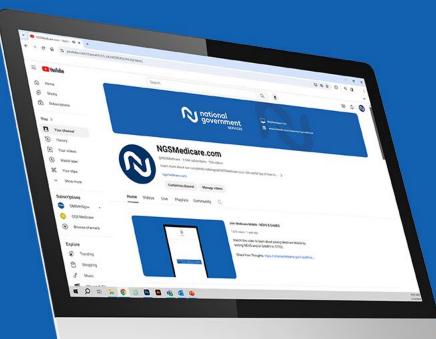
- <u>Prepare and Submit MSP Claim</u>
- <u>Conditional Payment Information</u>
- <u>Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims</u>
- <u>Electronic Data Interchange: Medicare Secondary Payer ANSI</u> Specifications for 837P
- <u>MLN® Fact Sheet: Medicare Secondary Payer: Don't Deny</u>
 <u>Services & Bill Correctly</u>
- <u>Centers for Medicare & Medicaid Services Internet-Only Manual</u> <u>Publication 100-05, *Medicare Secondary Payer (MSP) Manual*, <u>Chapter 2, MSP Provisions, Section 40.2: Billing in MSP Liability</u> <u>Insurance Situations</u></u>

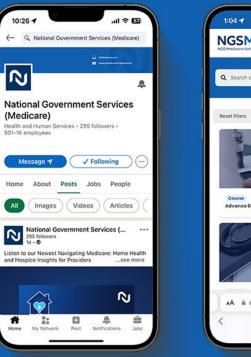


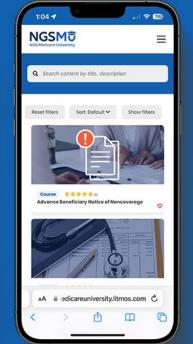


Questions?

Thank you!







Connect with us on social media



YouTube Channel Educational Videos

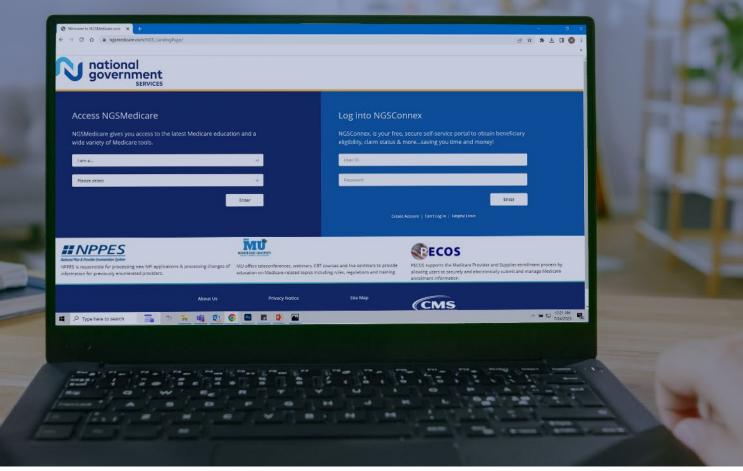








Find us online





www.NGSMedicare.com Online resources, event calendar,

LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



NGSConnex Web portal for claim information



Sign up for Email Updates

Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news



