

## Medicare Secondary Payer Claims – Billing Codes

### 2020 MSP and Conditional Billing Examples Webinars

#### Condition Codes (CCs) (UB-04 Form Locators [FLs] 18–28)

Code	Description	Use
02	Condition is employment related ( <i>injury/illness is a result of employment</i> )	When reporting value code (VC) 15 or 41 ( <i>also report occurrence code [OC] 04</i> )
06	End-stage renal disease (ESRD) beneficiary in first 30 months of Medicare eligibility/entitlement covered by employer group health plan (EGHP)	When reporting VC 13 ( <i>also report OC 33</i> )
77	Provider accepts or is obligated/required (due to contractual arrangement or obligation under law) to accept payment amount from primary payer as payment in full for services  ( <i>You received amount you were expecting to receive from primary payer and no Medicare Secondary Payer [MSP] payment is due</i> ).	When accepting amount from primary payer as full payment  <b>Example:</b> <ul style="list-style-type: none"> <li>• Medicare covered charges = \$5,000</li> <li>• Expecting from primary = \$4,000</li> <li>• Received from primary = \$4,000</li> <li>• Report CC 77</li> </ul> <p>Although you are fully paid by the primary payer, submit MSP claim <b>when claim is for:</b></p> <ul style="list-style-type: none"> <li>• Inpatient services (applicable types)</li> <li>• Home health or hospice services</li> <li>• Outpatient services (all facility types) and beneficiary has not met annual Medicare Part B deductible (<b>Note:</b> You may submit MSP claim even when you are fully paid by primary payer and beneficiary has met annual Medicare Part B deductible).</li> </ul>

#### Occurrence Codes (OCs) and Dates (UB-04 FLs 31–34)

Code	Description	Use
01	Accident/medical-payment (med-pay) coverage – Date of accident(DOA)/injury for which there is med-pay coverage	For DOA or injury when reporting VC 14 and med-pay is primary
02	No-fault (NF) insurance (automobile and other accidents) – DOA/injury for which State has auto NF laws and there is auto NF coverage	For DOA or injury when reporting VC 14 and NF or PIP is primary (auto NF states)

Code	Description	Use
03	Accident/tort liability – DOA/injury resulting from a 3rd party’s action that may involve a civil court action in attempt to require payment by 3 <sup>rd</sup> party	For DOA or injury when reporting VC 47 and Liability is primary
04	Accident/employment-related – DOA, injury, illness related to beneficiary’s employment	For DOA/injury/illness when reporting VC 15 or 41 ( <i>if reporting VC 15, also report CC 02</i> )
33	First day of MSP ESRD coordination period for ESRD beneficiary covered by EGHP	For date coordination period begins when reporting VC 13 (also report CC 06)

**Value codes and Amounts (UB-04 FLs 39–41)**

When entering amounts for MSP VCs (except for VC 44) the following applies:

- Enter amount provider received from primary payer toward Medicare covered charges on claim.
  - If received reduced payment because of failure to file a proper claim with primary payer, report amount provider would have received if proper claim was filed (Centers for Medicare & Medicaid Services [CMS] Internet-Only Manual [IOM] Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 5, Section 40.7.5).
  - If submitting in Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE), also report corresponding **Payer Code ID on primary payer line A**.

Code	Description and Associated Primary Payer Code	Use	If entering claim in FISS DDE, report
12	Working Aged beneficiary, age 65 or over, EGHP through own/spouse’s current employment, employer size of 20 or more (beneficiary must be enrolled in Part A)	<b>When EGHP pays as primary</b>	Payer Code ID = <b>A</b>
13	ESRD beneficiary with EGHP in MSP/ESRD 30-month coordination period	<b>When EGHP pays as primary</b> ( <i>Also report CC 06 and OC 33</i> )	Payer Code ID = <b>B</b>
14	No-fault including automobile/other – Examples: PIP and med-pay coverage	<b>When NF or med-pay pays as primary</b> <ul style="list-style-type: none"> <li>• <i>When reporting VC 14 because med-pay is primary, also report OC 01</i></li> <li>• <i>When reporting VC 14 because NF is primary (e.g., auto no-fault state), also report OC 02</i></li> </ul>	Payer Code ID = <b>D</b>
15	Workers' Compensation (WC) or WC Set-Aside	<b>When WC Carrier makes primary payment</b> ( <i>Also report CC 02 and OC 04</i> )	Payer Code ID = <b>E or W</b>
16	Public Health Services (PHS), Government Research grant	<b>When PHS or Government Research grant makes primary payment</b>	Payer Code ID = <b>F</b>

Code	Description and Associated Primary Payer Code	Use	If entering claim in FISS DDE, report
41	Federal Black Lung (BL) program	<b>When Federal BL program makes primary payment</b> (Also report CC 02 and OC 04)	Payer Code ID = <b>H</b>
43	Disabled beneficiary, under age 65, large group health plan (LGHP) through own/family member's current employment, employer size of 100 or more (beneficiary must be enrolled in Part A)	<b>When LGHP makes primary payment</b>	Payer Code ID = <b>G</b>
47	Any liability insurance	<b>When Liability makes primary payment</b> (Also report OC 03)	Payer Code ID = <b>L</b>
44	Amount provider was obligated/required to accept from a primary payer as payment in full due to contract/law when that amount is less than your Medicare covered charges but higher than the amount you received. MSP payment may be due.	<p><b>When applicable</b>, report in addition to MSP VC. Report VC 44 and amount you were expecting to receive from primary payer as full payment when you received less than that amount and the amount you received is also less than claim's Medicare covered charges.</p> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• Medicare covered charges = \$5,000</li> <li>• Expecting from primary = \$4,000</li> <li>• Received from primary = \$3,000 because of applied deductible, coinsurance, co-payment or some other acceptable reason</li> <li>• Report VC 44 and \$4,000 (in addition to appropriate MSP VC and \$3,000)</li> </ul>	

**Patient Relationship Codes (UB-04 FL 59 A, B, C)**

Code	Description	Code	Description	Code	Description
<b>01</b>	Spouse	<b>20</b>	Employee	<b>40</b>	Cadaver Donor
<b>18</b>	Self	<b>21</b>	Unknown	<b>53</b>	Life Partner
<b>19</b>	Child	<b>39</b>	Organ Donor	<b>G8</b>	Other Relationship

**Remarks (UB-04 FL 80)**

Report **primary insurer's address** unless submitting in FISS DDE in which case use claim entry page 06.

**Related Content**

- [CMS \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 25, Section 75.](#)