

Medicare Secondary Payer Billing Examples

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Today's Presenters

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Objective

- Review claim examples that represent compliant MSP claims prepared after provider receives payment from primary payer

Agenda

- Claim Preparation and Submission Reminders
 - From webinar: MSP – Preparing/Submitting MSP Claims When Primary Payer Makes Payment
- Claim Examples for Various MSP Situations
 - Polling questions to help code claim examples
- MSP Resources
- Questions and Answers

Recap: MSP Billing and Claim Submission Webinar

- MSP and your MSP responsibilities
- Preparing MSP claims
- Submitting MSP claims
- Submitting MSP claims using FISS DDE
- MSP resources – Refer to handout
- Questions and answers

Claim Preparation and Submission Reminders



Prepare and Submit MSP Claims – Steps

- Follow all steps:
 - Identify/bill appropriate primary payer for beneficiary's services
 - Upon receipt of primary payer's payment, apply it to account
 - Prepare MSP claim if necessary (partial or full payment)
 - Use correct MSP claim coding including CARC(s), RARC(s) and primary payer's adjustment amount(s) from their RA (835)
 - Ensure MSP claim information matches MSP record in CWF
 - Contact BCRC to set up or make changes to MSP record if necessary
 - Refer to MSP Resources handout for BCRC information and SE1416
 - Wait for updates to show in CWF before moving on to next step

Prepare and Submit MSP Claims – Steps

- Follow all steps (continued):
 - Review MSP claim to ensure required coding is present
 - Submit MSP claim using available options
 - Upon receipt of Medicare's payment, apply it to account
 - Apply any adjustments from Medicare's RA to account
 - Bill beneficiary only when appropriate
 - May bill beneficiary for services not covered by Medicare, Medicare deductible, coinsurance and/or co-pay not satisfied by primary payer's payment
 - Maintain documentation

Claim Types

- If primary payer pays in part
 - Submit **MSP claim**; known as **MSP partial-pay claim**
- If primary payer pays in full
 - Submit **MSP claim**, known as **MSP full-pay or no-pay claim**
- Note
 - If primary payer does not pay for a valid reason or does not pay promptly (120 days; accidents only)
 - Submit **conditional claim**
 - If primary payer does not pay, citing Medicare is primary
 - Submit **Medicare primary claim** (verify Medicare truly is primary)

MSP Claims

- Submit **MSP partial-pay claim** if primary payer paid **in part**
 - Balance remains because of
 - Deductible, coinsurance, copayment; noncovered services, etc.
 - Submit to have balance considered
 - Submit all Medicare-covered charges on claim; not just balance
- Submit **MSP full-pay claim** if primary payer paid **in full**
 - Submit for all IP stays
 - Submit for OP services
 - If beneficiary has not met annual Medicare Part B deductible
 - HH and hospice: Submit even if beneficiary has met Part B deductible

General Instructions for Medicare Claims

- Follow all Medicare requirements
 - Medicare requirements apply to all Medicare claims including MSP claims
 - Billing requirements including frequency of billing
 - Common question – Can we submit separate claims when only one claim is usually required by Medicare because the primary payer started or stopped making payment during the claim’s billing period?
 - No, submit one claim as usual. The claim will be an MSP claim.
 - Technical requirements including timely filing, etc.
 - Medical requirements

Home Health and Hospice Providers

- In MSP situations
 - HHAs
 - Submit RAP showing Medicare as primary
 - Not reimbursed on RAP
 - Insurer information reported on final claim
 - Hospice
 - Submit NOE showing Medicare as primary
 - Insurer information reported on claim(s)

Preparing MSP Claims

- Complete claims in usual manner; report
 - Covered TOB
 - All coding usually required
 - Total covered/noncovered days as usual
 - Covered/noncovered charges as usual
 - Primary payer as first payer
 - Medicare as second payer
 - Appropriate billing codes in applicable claim fields (FLs) to indicate claim is MSP

Claim Fields – MSP Claims

Code	UB-04 FLs	Electronic Field	FISS DDE
Condition codes	20–28	2300.HI (BG)	Page 01
Occurrence codes and dates	31–34	2300.HI (BH)	Page 01
Value code and payment	39–41	2300.HI (BE)	Page 01
Payer code ID	N/A	N/A	Page 03
Primary insurer name	50A	2320.SBR04	Page 03

See [our website](#) > Claims & Appeals > MSP > Prepare and Submit an MSP Claim > MSP Billing Code Chart

Claim Fields – MSP Claims

Code	UB-04 FLs	Electronic Field	FISS DDE
Insured's name	58A	2330A.NM104	Page 05
Patient's Relationship to Insured	59A	2320.SBR02	Page 05
Insured's unique ID	60A	2330A.NM109	Page 05
Insurance group name	61A	2320.SBR04	Page 05
Insurance group number	62A	2320.SBR03	Page 05
Insurance address	Use Remarks FL 80	Use Remarks 2300.NTE	Page 06

Condition Codes (COND CODES)

- Report applicable MSP-related CCs
 - 02 = Condition is employment-related
 - 06 = ESRD patient in first 30 months of entitlement with EGHP
 - 77 = Full payment received from primary payer
 - Contractual arrangement/law and expected amount received
 - Without contractual arrangement/law but full payment received
 - Scenario (contractual arrangement/law = yes)
 - Medicare covered charges = \$5,000
 - Expected from primary payer = \$4,000; Received from primary payer = \$4,000
 - On MSP claim, report charges of \$5,000, MSP VC ____ with \$4,000 and CC 77

Occurrence Codes and Dates (OCC CDS/DATE)

- Report applicable MSP-related OCs and dates
 - 01 and DOA if medical-payment plan is primary
 - 02 and DOA if no-fault is primary
 - 03 and DOA if liability is primary
 - 04 and DOA if WC is primary
 - 33 and date ESRD coordination period began

MSP Value Codes and Amounts

- Report MSP VC with actual dollar amount received from primary payer toward Medicare-covered services
 - 12 = Working aged, over 65, EGHP, 20 or more employees
 - 13 = ESRD with EGHP
 - 14 = No-fault (automobile and other types)
 - 15 = Workers' compensation
 - 16 = PHS; research grants
 - 41 = Federal Black Lung Program
 - 43 = Disabled, under 65, LGHP, 100 or more employees
 - 47 = Liability insurance

Value Code 44 and Amount

- Report VC 44 and OTAF amount
 - When you receive less than you were expecting from primary payer
 - OTAF = expected amount; amount you agreed to accept as full payment
- Do not report VC 44 and OTAF amount
 - When you receive equal to or more than Medicare covered charges
- Scenario (contractual arrangement/law = yes)
 - Medicare covered charges = \$5,000
 - Expected from primary payer (OTAF) = \$3,500
 - Received from primary payer = \$3,000 (due to \$500 deductible)
 - On MSP claim, report charges = \$5,000, MSP VC ____ with \$3,000 and VC 44 with \$3,500

Payer Code ID – For Submission in FISS DDE Only

MSP VC	MSP Provision	Payer Code ID
12	Working aged, age 65 and over, EGHP, 20 or more employees	A
13	ESRD with EGHP in coordination period	B
14	No-Fault (automobile and other types)	D
15	Workers' Compensation or Set-Aside	W
16	Public Health Services; research grants	F
41	Federal Black Lung Program	H
43	Disabled, under age 65, LGHP, 100 or more employees	G
47	Liability Insurance	L

Patient Relationship (REL) Codes

- Report relationship of patient to identified insured
 - 01 = Spouse
 - 20 = Self
 - 19 = Child
 - 20 = Employee
 - 21 = Unknown
 - 53 = Life partner
 - G8 = Other relationship

Submitting MSP Claims

- May submit MSP (or Medicare tertiary) claims
 - Electronically via 837I claim,
 - In FISS DDE, or
 - Using hardcopy UB-04/CMS-1450 claim form
 - Include primary payer's RA and EOB statement
 - Send to our Claims Department
 - You must have or obtain approved ASCA waiver
 - Visit [our website](#) for
 - » ASCA information under Claims & Appeals and
 - » Claims address under Contact Us > PO Box Mailing Addresses > Claims

MSP Claim Submission via 837I Claim

- Submitting MSP claims via 837I claim ensures
 - Medicare's compliance with HIPAA requirements
 - MSP claims are calculated using payment information from 837I
- Medicare uses primary payer's adjustment amounts when processing MSP claims for payment
 - Explain why billed amount was not fully paid by primary payer
 - In CAS on 835 ERA or paper remittance
 - CAGC paired with CARC (explains primary payer's adjustments)

MSP Claim Submission via FISS DDE

- As of 1/1/2016, per CR8486, providers can
 - Use FISS DDE to
 - Submit and correct MSP, conditional and Medicare tertiary claims
 - Adjust claims for MSP reasons
 - Submit Medicare tertiary claims via 837I claim
 - Hardcopy submission with ASCA waiver no longer required
- FISS process was updated to allow above actions
 - MAP1719 was added so you can enter payments and adjustments from CAS of primary payer's RA (835) – CAGCs, CARCs and amounts
 - MAP103L was added so MACs can key hardcopy claims

Reporting CAGCs and CARCs

- CAGC(s) from primary payer's RA (835)
 - Identifies general category of payment adjustment
 - Required when primary payer adjusts billed charges
 - Options:
 - CO (Contractual Obligations)
 - OA (Other Adjustments)
 - PI (Payer Initiated Reductions)
 - PR (Patient Responsibility)
- CARC(s) from primary payer's RA (835)
 - Communicates an adjustment
 - Explains why primary payer paid differently from amount billed to them
 - [External Code Lists/X12](#)

MSP Claim Examples – Help Code These Claims

Assumptions for all MSP Claim Examples

- All patients are fictitious and have Medicare
- There is a matching MSP record in CWF
- Medicare's usual claim filing guidelines are met
- Provider submitted claim using appropriate method
- Provider completed/reported
 - Patient relationship code in FL 59A
 - Primary insurer address in FL 80
 - A primary payer name as first payer and Medicare as second
 - FLs 50, 58, 60, 61 and 62 (or electronic equivalent fields when applicable)
 - All CAGCs/CARCs from primary payer's RA

Example #1

Contractual arrangement/law	No
Beneficiary	Ms. A (age 69)
Services (Part B deductible not met)	OP
DOS	1/22/2021
DOA	1/21/2021, fall in friend's home
Medicare-covered charges	\$1,500
Primary payer	Med-pay insurance (ABC Company); no liability
Primary payer's payment	\$1,500

Example #1 – Claim Coding

CCs	May report 77
OCs and dates	Help code this claim
MSP VC	14
MSP VC amount	\$1,500
VC 44	No
VC 44 amount	Not applicable

Polling Question #1

- The following best represents the claim coding needed for this MSP claim
 - OC 01 with 1/22/2021
 - OC 01 with 1/21/2021
 - OC 02 with 1/22/2021
 - OC 03 with 1/21/2021

Example #2

Contractual arrangement/law	No
Beneficiary	Ms. B (age 70)
Services (Part B deductible not met)	OP
DOS	2/11/2021
DOA	2/10/2021, fall at store
Medicare-covered charges	\$1,200
Primary payer	No med-pay; Liability coverage (Responsible Insurance Co.)
Primary payer's payment	\$1,200

Example #2 – Claim Coding

CCs	May report 77
OCs and dates	Help code this claim
MSP VC	Help code this claim
MSP VC amount	\$1,200
VC 44	No
VC 44 amount	Not applicable

Polling Question #2

- The following best represents the claim coding needed for this MSP claim
 - OC 01 with 2/10/2021 and MSP VC 47
 - OC 02 with 2/10/2021 and MSP VC 14
 - OC 03 with 2/10/2021 and MSP VC 14
 - OC 03 with 2/10/2021 and MSP VC 47

Example #3

Contractual arrangement/law	Yes
Beneficiary	Mr. C (age 62)
Services	IP
DOS	11/2/2020–12/25/2020
DOA	11/2/2019, injured at work
Medicare-covered charges	\$15,000
Primary payer	Workers' Compensation (Carrier Company), no EGHP
Primary payer's payment	\$15,000

Example #3 – Claim Coding

CCs	02 and 77
OCs and dates	Help code this claim
MSP VC	Help code this claim
MSP VC amount	\$15,000
VC 44	No
VC 44 amount	Not applicable

Polling Question #3

- The following best represents the claim coding needed for this MSP claim
 - OC 02 with 11/2/2020 and MSP VC 15
 - OC 03 with 11/2/2020 and MSP VC 14
 - OC 04 with 11/2/2020 and MSP VC 15
 - OC 04 with 11/2/2020 and MSP VC 12

Example #4

Contractual arrangement/law	No
Beneficiary	Mr. D (age 40)
Services (Part B deductible not met)	OP
DOS	1/1/2021
DOA	12/31/2020, automobile accident, No-fault state
Medicare-covered charges	\$140
Primary payer	No-fault (Drive Safe Company): no liability
Primary payer's payment	\$140

Example #4 – Claim Coding

CCs	May report 77
OCs and dates	Help code this claim
MSP VC	Help code this claim
MSP VC amount	\$140
VC 44	No
VC 44 amount	Not applicable

Polling Question #4

- The following best represents the claim coding needed for this MSP claim
 - OC 01 with 12/31/2020 and MSP VC 14
 - OC 02 with 12/31/2020 and MSP VC 14
 - OC 02 with 12/31/2020 and MSP VC 47
 - OC 03 with 12/31/2020 and MSP VC 14

Example #5

Contractual arrangement/law	Yes
Beneficiary	Mrs. E (age 66)
Services	Home Health
DOS	12/1/2020–1/31/2021
Medicare-covered charges	\$6,000
Primary payer	EGHP – 25 employees (Blue Care)
Primary payer's payment	\$4,500 (\$500 was deductible applied)
Expected to receive	\$5,000

Example #5 – Claim Coding

CCs	None
OCs and dates	None
MSP VC	Help code this claim
MSP VC amount	Help code this claim
VC 44	Yes
VC 44 amount	Help code this claim
RAP	Submitted as Medicare primary

Polling Question #5

- The following best represents the claim coding needed for this MSP claim
 - MSP VC 12 with \$4,500 and VC 44 with \$500
 - MSP VC 12 with \$4,500 and VC 44 with \$5,000
 - MSP VC 12 with \$5,000 and VC 44 with \$6,000
 - MSP VC 43 with \$4,500 and VC 44 with \$5,000

Example #6

Contractual arrangement/law	Yes
Beneficiary	Mrs. F (age 50)
Services	Hospice
DOS	12/1/2020–12/31/2020
Medicare-covered charges	\$50,000
Primary payer	LGHP – 125 employees (Blue Care) through spouse
Primary payer's payment	\$43,000 (\$2,000 applied to deductible and coinsurance)
Expected to receive	\$45,000

Example #6 – Claim Coding

CCs	None
OCs and dates	None
MSP VC	Help code this claim
MSP VC amount	Help code this claim
VC 44	Yes
VC 44 amount	Help code this claim
NOE	Submitted as if Medicare is primary

Polling Question #6

- The following best represents the claim coding needed for this MSP claim
 - MSP VC 43 with \$45,000 and VC 44 with \$50,000
 - MSP VC 43 with \$50,000 and VC 44 with \$45,000
 - MSP VC 43 with \$43,000 and VC 44 with \$45,000
 - MSP VC 12 with \$43,500 and VC 44 with \$50,000

Example #7

Contractual arrangement/law	Yes
Beneficiary	Mr. G (age 32, entitled based on ESRD 1/1/2021)
Services	OP
DOS	1/1/2021–1/31/2021
Medicare-covered charges	\$19,000
Primary payer	EGHP – (Blue Care) through parent
Primary payer's payment	\$13,000 (\$3,000 applied to deductible and coinsurance)
Expected to receive	\$16,000

Example #7 – Claim Coding

CCs	Help code this claim
OCs and dates	Help code this claim
MSP VC	13
MSP VC amount	\$13,000
VC 44	Yes
VC 44 amount	\$16,000

Polling Question #7

- The following best represents the claim coding needed for this MSP claim
 - CC 02 and OC 33 with 1/1/2021
 - CC 77 and OC 03 with 1/1/2021
 - CC 06 and OC 01 with 1/1/2021
 - CC 06 and OC 33 with 1/1/2021

Example #8

Contractual arrangement/law	Yes
Beneficiary	Mrs. H (age 68)
Services	OP (FQHC)
DOS	1/27/2021
Medicare-covered charges	\$150
Primary payer	EGHP – 25 employees (Blue Care)
Primary payer's payment	\$120 (\$10 coinsurance applied)
Expected to receive	\$130

Example #8 – Claim Coding

CCs	None
OCs and dates	None
MSP VC	12
MSP VC amount	\$120
VC 44	Yes
VC 44 amount	Help code this claim

Polling Question #8

- The following best represents the claim coding needed for this MSP claim
 - VC 44 with \$120
 - VC 44 with \$130
 - VC 44 with \$150
 - VC 44 with \$10

What You Should Do Now

- Review MSP Resources handout
- Share information with staff
- Continue to learn more about MSP
- Continue to attend educational sessions
- Develop and implement policies that ensure providers MSP responsibilities are met
- Submit MSP claims when required and code accurately

Online Assessment and Questions

- Follow-up email
 - In addition to receiving Medicare University Course Code for this Webinar, attendees will be asked to complete an **online assessment**
- Questions?
 - Questions in webinar question box will now be addressed
 - Contact our PCC with beneficiary/claim specific inquiries
 - Their contact information is on [our website](#), under Contact Us

MSP Resources – See MSP Resources Handout

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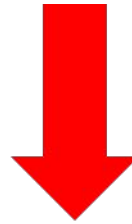
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Coronavirus (COVID-19)

Stay up-to-date with latest news on the Coronavirus.

FEEDBACK



Deficit Care Programs

Diabetes Awareness

- Let's Raise Awareness!
 - Three types of Diabetes Medicare benefits for your Medicare beneficiaries
 - Medicare Diabetes and Prevention Program (MDPP)
 - Diabetes Self-Management Training (DSMT)
 - Medical Nutrition Therapy (MNT)
 - Encourage your patients to participate in these programs

Behavioral Health Integration Services Psychiatric Collaborative Care Model

- Integrating behavioral health care (BHI) with primary care is an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions
- Medicare makes separate payments to physicians and nonphysician practitioners for BHI services they furnish to beneficiaries over a calendar month
- **What is the Psychiatric Collaborative Care Model?**
 - Model of behavioral health integration that enhances “usual” primary care by adding two key services to the primary care team
 1. **Care management support for patients receiving behavioral health treatment**
 2. **Regular psychiatric inter-specialty consultation**

Deficit Care Program Resources

[NGS website](#) > Medical Policy & Review > Policy Education Topics

▪ **Diabetes Awareness**

- Medicare Diabetes Prevention Program
- Diabetic Self-Management Tool for Billing
- Medical Nutrition Therapy Tool for Billing
- Frequently Asked Questions for Diabetes Self-Management Training and Medical Nutrition Therapy
- Related Diabetes Awareness Preventive Service Guide

▪ **Mental Health Awareness**

- Behavioral Health Integration Services
- Mental Health Services
- Mental Health Billing Guide

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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