



Medicare Secondary Payer Billing Examples

06/22/2022



Today's Presenters

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Objective

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

Agenda

- 2022 MSP Webinar Series and Other Events
- Reminders – 6/15/2022 Webinar on Preparing and Submitting MSP Claims When Primary Payer Makes Payment
- Claim Examples for Various MSP Situations
- Polling Questions to Help Code Claim Examples
- MSP Resources– Refer to Handout
- Questions and Answers

2022 MSP Webinar Series

MSP Webinar Series

- 17 different MSP webinars
- Wednesdays except 5/5/2022 (Thursday)
 - March 2022
 - **3/9** = Fundamentals
 - **3/23** = Resources
 - April 2022
 - **4/6** = Identifying Primary Payers
 - **4/20** = Setting Up and Correcting CWF Records
 - **4/27** = MSP Rejections on Primary Claims

MSP Webinar Series

- May 2022
 - **5/4** = Working Aged with EGHP Provision
 - **5/5** = Disabled with LGHP Provision (Thursday)
 - **5/18** = ESRD with EGHP Provision
- June 2022
 - **6/1** = No-fault, Medical-payment and Liability Provisions
 - **6/15** = Submitting Claims When Primary Payer Makes Payment (MSP Billing)
 - **6/22** = MSP Billing Examples

MSP Webinar Series

- July 2022
 - **7/6** = Submitting Claims When Primary Payer Does Not Make Payment (Conditional Billing)
 - **7/20** = Conditional Billing Examples
 - **7/27** = MSP Claims That RTP
- August 2022
 - **8/3** = Conditional Claims That RTP
 - **8/10** = Adjustments Involving MSP
 - **8/17** = MSP Payment and Beneficiary Responsibility

Additional 2022 MSP Events

- Virtual conferences include MSP as topic
 - Typically held twice a year
- Let's Chat About MSP Part A webinars
 - For all Part A providers including HHHs and FQHCs/RHCs
 - Ask MSP-related questions (no PHI)
 - Event posted to our website but no presentation
 - Monthly, Thursdays except 11/29/2022 (Tuesday)
 - 1/27, 2/24, 3/31, 4/28, 5/26, 6/30, 7/28, 8/25, 9/29, 10/27, 11/29, 12/15

Claim Preparation and Submission Reminders

Prepare and Submit MSP Claims – Five Steps

- Determine if you must submit MSP claim
- Prepare MSP claim
- Check for MSP record in CWF
- Wait for BCRC to set up MSP record in CWF
- Once MSP record is set up, submit MSP claim

Step One – Determine if You Must Submit an MSP Claim

- When you receive primary payer's RA (835)
 - Apply their payment to beneficiary's account
 - Determine if primary payer paid in part or in full
 - You must know if your facility has contract with primary payer or is obligated per law to accept a certain (expected) amount from them as full payment on claim
 - **Primary payer paid in part** if their payment < charges (no contract/law) or < expected amount (per contract/law)
 - **Primary payer paid in full** if their payment = charges (no contract/law) or = expected amount (per contract/law)

Step One – Determine if You Must Submit an MSP Claim

- Submit MSP claim if
 - Primary payer paid in part
 - Primary payer paid in full and services are
 - IP
 - OP and beneficiary has not met Part B deductible
 - HH&H

Step Two – Prepare MSP Claim

- Follow Medicare's usual requirements
 - Technical, medical and billing
 - HHAs submit NOAs and hospices submit NOEs with Medicare as primary
- Complete claim in usual manner; report
 - Covered TOB, days and charges
 - Usual claim coding
 - Primary payer as first payer and Medicare as second (or third) payer

Step Two – Prepare MSP Claim

- Report MSP billing codes (Table)
 - [Prepare and Submit an MSP Claim](#)
 - [Prepare and Submit a Medicare Tertiary Claim](#)
- Report CAS information
 - From primary payer's RA (835) in appropriate
 - Loops/segments (837I claims)
 - Fields on page 3/MAP1719 (FISS DDE claims)
 - Note: For hardcopy claims, attach primary payer's EOB statement

MSP VS. Medicare Tertiary Claims

- Two payers are primary to Medicare
- You billed both payers in proper order
 - Submit MSP claim if
 - One payer paid and one payer did not (for a valid reason or within 120 day promptly period for accidents)
 - Report information only for payer that paid
 - Submit Medicare tertiary claim if
 - Both payers paid
 - Report information for both payers

MSP Billing Code Table

Claim Codes	UB-04/CMS-1450 FLs	837I Fields	FISS DDE
Condition Codes	18–28	2300.HI (BG)	Page 01
Occurrence Codes and Dates	31–34	2300.HI (BH)	Page 01
Value Code(s) and Payment	39–41	2300.HI (BE)	Page 01
Primary Payer Code(s) (Payer Code ID)	N/A	N/A	Page 03
Primary Insurer (Payer) Name	50A	2320.SBR04	Page 03

MSP Billing Code Table

Claim Codes	UB-04/CMS-1450 Claim FLs	837I Fields	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	FL 80 (Remarks)	2300.NTE (Remarks)	Page 06

Condition Codes FLs 18-28

Occurrence Codes FLs 31-34

Value Codes FLs 39a-41d

Payer Name FL 50a, b, c

Insured's Name

Remarks FL 80

1 PATIENT NAME										2 PATIENT ADDRESS										3a PAT. CNTL. # E. MED. REC. #					4 STATEMENT COVERS PERIOD FROM THROUGH					5 FED. TAX NO.					6 TIME OF BILL																																																																																																																																																																																																																																																																																																																										
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Condition Codes (CCs or COND Codes)

- Report applicable MSP CCs
 - **02** (zero two) = Condition is employment-related
 - **06** (zero six) = ESRD beneficiary in first 30 months of entitlement with EGHP
 - **77** = Received full payment from primary payer
 - Must report when contracted with primary payer and received expected amount
 - If charges = \$5,000; expected = \$4,000; received = \$4,000
 - » Report charges = \$5,000, MSP VC ____ = \$4,000 and CC = 77

Occurrence Codes and Dates (OCs or OCC CDS/DATE)

- Report applicable MSP OCs
 - **01** and DOA if med-pay 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

Value Codes (VCs) and Amounts

■ Report

- MSP VC (12, 13, 14, 15, 16, 41, 43, 47) and amount received from primary payer toward Medicare covered charges
- VC 44 and expected (OTAF) amount, if applicable
 - Applicable if primary payer's payment < OTAF amount
 - If charges = \$500, OTAF = \$350, received = \$300 (deductible = \$50), report MSP VC ____ = \$300 and VC 44 = \$350
 - Not applicable if primary payer's payment = or > charges, even if it < OTAF amount
 - If charges = \$500, OTAF = \$600, received = \$550 (deductible = \$50), report MSP VC ____ = \$550

Primary Payer Codes (Payer Code ID)

- Report code for first three payers (in FISS DDE)
 - Payers labeled A, B and C
 - For MSP claims, report
 - For Payer A = A, B, D, E, F, G, H, L or W
 - For Payer B = Z
 - For Medicare tertiary claims, report
 - For Payer A = A, B, D, E, F, G, H, L or W
 - For Payer B = A, B, D, E, F, G, H, L or W
 - For Payer C = Z

Value Codes and Primary Payer Codes

MSP VC	MSP Provision	Primary Payer Code
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	E or 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's Relationship to Insured

- Report code for relationship of patient to insured
 - 01 = Spouse
 - 18 = Self
 - 19 = Child
 - 20 = Employee
 - 21 = Unknown,
 - 53 = Life partner
 - G8 = Other relationship
- For MSP claims, report 18 in 59B or equivalent field
- For Medicare tertiary claims, report 18 in 59C or equivalent field

Primary Payer Adjustment Reasons and Amounts (MSP CAS Information)

- CAGC, CARCs, amounts from primary's RA
 - CAGCs identify general category of adjustment
 - **CO**: Contractual Obligations, **OA**: Other Adjustments, **PI**: Payer-initiated Reductions, **PR**: Patient Responsibility
 - CARCs – Why primary payer paid different than billed
 - Examples – **1**: deductible, **2**: coinsurance, **27**: expenses incurred after coverage terminated, **45**: charges exceeded fee schedule or maximum allowable amount, **96**: noncovered charges, **119**: benefit maximum reached
- References: [X12](#), [CR6426](#) and [CR8486](#)

Step Three – Check for MSP Record in CWF

- MSP record in CWF and claim must match
 - Check for matching MSP record in CWF
 - Use provider self-service tools listed under Step 2 in
 - [Identify Proper Order of Payers for Beneficiary's Services](#)
 - If there is matching MSP record in CWF, go to Step Five
 - If there is not, contact BCRC and request they set one up
 - Follow instructions in [Set Up Beneficiary's MSP Record](#)
 - If you submit claim for which there is no MSP record, we suspend it for up to 100 days while we contact BCRC to request they set one up

Step Four – Wait for BCRC to Set Up Open MSP Record

- After you contact BCRC
 - Continue to check for MSP record to appear in CWF
 - Use provider self-service tools listed under Step 2 in
 - [Identify Proper Order of Payers for Beneficiary's Services](#)
- If MSP record appears in CWF
 - Go to Step Five
- If MSP record does not appear in CWF
 - Follow up with BCRC

Step Five – Once MSP Record is Set Up, Submit MSP Claim

- Submit claim using available options
 - UB-04/CMS-1450 claim (hardcopy)
 - You must have approved ASCA waiver on file
 - Visit [our website](#) > Resources > Forms > ASCA Waiver Request Form
 - Mail to Claims Dept. with primary payer's RA, EOB statement
 - Visit [our website](#) > Resources > Contact Us > Addresses > Claims
 - 837I claim
 - FISS DDE claim entry
- Maintain documentation

FISS DDE Claim Entry – Reminders

- Providers can use to enter/submit claims
 - [FISS DDE Provider Online Guide](#), Claim Entry: [Chapter V](#)
- From main menu, select Claims/Attachments
 - On MAP1701, enter: 02
 - On MAP1703, enter: 20=IP, 22=OP, 24=SNF, 26=HH, 28=Hospice
- Six pages to claim; similar to UB-04/CMS-1450
- Enter all required data, not just MSP
- Cursor may skip fields not required
- TOB defaults: 111=IP, 131=OP, 211=SNF (type over)

FISS DDE Claim Entry – Six Pages

Pages for Claim Entry	MAP	UB-04/CMS-1450 Claim Form FLs
Page 01	1711	FLs 1–41: Patient information, condition, occurrence, occurrence span and value codes
Page 02	1712	FLs 42–49: Revenue and CPT/HCPCS codes, charges, and DOS
Page 03	1713	FLs 50–57 and 66–79: Payer, diagnosis code, procedure code and physician information
Page 03	1719	MSP payment information from primary payer’s RA
Page 04	1714	FL 80: Remarks
Page 05	1715	FLs 58–62: Insured and insurance information
Page 06	1716	Primary insurer’s address information

MAP1719 (Additional Page 03)

MAP1719 PAGE 03 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 06/11/18
 MXG9282 SC INST CLAIM ENTRY C201831F 14:05:55
 HIC TOB 111 S/LOC S B0100 PROVIDER
 MID MSP PAYMENT INFORMATION
 RI:

PRIMARY PAYER 1 MSP PAYMENT INFORMATION

PAID DATE:			PAID AMOUNT:		
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT

Tip: Any dollar amounts listed in this section, when added together, must equal total charges.

PROCESS COMPLETED --- PLEASE CONTINUE
 PRESS PF3-EXIT PF5-BKWD **PF6-FWD** PF7-PREV PF8-NEXT PF9-UPDT PF10-LFT PF11-RGHT

MAP1719 (Additional Page 03)

MAP1719 PAGE 03 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 06/11/18
MXG9282 SC INST CLAIM ENTRY C201831F 14:05:55
HIC TOB 111 S/LOC S B0100 PROVIDER
MID MSP PAYMENT INFORMATION
RI:

PRIMARY PAYER 2 MSP PAYMENT INFORMATION

PAID DATE:

PAID AMOUNT:

GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT
GRP	CARC	AMT	GRP	CARC	AMT

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF10-LFT PF11-RGHT

MSP Claim Examples – Help Code These Claims

Assumptions for MSP Claim Examples

- Beneficiaries
 - Have Medicare Parts A and B
 - Have not met annual Medicare Part B deductible
- Providers
 - Ensured there is matching MSP record for each claim
 - Followed Medicare's usual claim filing guidelines
 - Reported all usual codes, MSP codes and CAGCs/CARCs
 - **Except for certain condition, occurrence and value codes**

Example One	
Contractual arrangement/law	No
Beneficiary	Ms. A (age 69)
Services	OP
DOS	1/22/2022
DOA	1/21/2022, fall in friend's home
Medicare-covered charges	\$1,500
Primary payer	Med-pay insurance (ABC Co.); no liability
Primary payer's payment	\$1,500

Example One – Claim Coding

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

Polling Question One

- Select claim coding for this MSP claim
 - OC 01 with 1/22/2022
 - OC 01 with 1/21/2022
 - OC 02 with 1/22/2022
 - OC 03 with 1/21/2022

Example Two	
Contractual arrangement/law	No
Beneficiary	Ms. B (age 70)
Services	OP
DOS	2/11/2022
DOA	2/10/2022, fall in store
Medicare-covered charges	\$1,200
Primary payer	No med-pay insurance; liability insurance (Responsible Insurance Co.)
Primary payer's payment	\$1,200

Example Two – Claim Coding

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

Polling Question Two

- Select claim coding for this MSP claim
 - OC 01 with 2/10/2022 and MSP VC 47
 - OC 02 with 2/10/2022 and MSP VC 14
 - OC 03 with 2/10/2022 and MSP VC 14
 - OC 03 with 2/10/2022 and MSP VC 47

Example Three

Contractual arrangement/law	Yes
Beneficiary	Mr. C (age 62)
Services	IP Hospital
DOS	11/2/2021–12/25/2021
DOA	11/2/2021, injured at work
Medicare-covered charges	\$15,000
Primary payer	Workers' Compensation (Carrier Co.), no EGHP
Primary payer's payment	\$15,000

Example Three – Claim Coding

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

Polling Question Three

- Select claim coding for this MSP claim
 - OC 02 with 11/2/2021 and MSP VC 15
 - OC 03 with 11/2/2021 and MSP VC 14
 - OC 04 with 11/2/2021 and MSP VC 15
 - OC 04 with 11/2/2021 and MSP VC 12

Note Regarding Example Three

- If provider were a SNF rather than a hospital
 - SNF submits two MSP claims
 - November claim
 - December claim

Example Four	
Contractual arrangement/law	No
Beneficiary	Mr. D (age 40)
Services	OP
DOS	1/1/2022
DOA	12/31/2021, automobile accident in no-fault state
Medicare-covered charges	\$140
Primary payer	No-fault insurance (Drive Safe Co.); no liability
Primary payer's payment	\$140

Example Four – Claim Coding

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

Polling Question Four

- Select claim coding for this MSP claim
 - OC 01 with 12/31/2021 and MSP VC 14
 - OC 02 with 12/31/2021 and MSP VC 14
 - OC 02 with 12/31/2021 and MSP VC 47
 - OC 03 with 12/31/2021 and MSP VC 14

Example Five	
Contractual arrangement/law	Yes
Beneficiary	Mrs. E (age 66)
Services	Home Health
DOS	12/1/2021–1/31/2022
Medicare-covered charges	\$6,000
Primary payer	EGHP (Blue Care) – 25 employees
Primary payer's payment	\$4,500 (\$500 deductible applied)
Expected to receive	\$5,000

Example Five – Claim Coding

CCs	None
OCs and dates	None
MSP VC	<i>Help code this claim</i>
MSP VC amount	<i>Help code this claim</i>
VC 44	Yes
VC 44 amount	<i>Help code this claim</i>
NOA	Submitted as if Medicare is primary

Polling Question Five

- Select claim coding 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 Six	
Contractual arrangement/law	Yes
Beneficiary	Mrs. F (age 50)
Services	Hospice
DOS	12/1/2021–12/31/2021
Medicare-covered charges	\$50,000
Primary payer	LGHP (Blue Care) through spouse – 125 employees
Primary payer’s payment	\$43,000 (\$2,000 applied to deductible and coinsurance)
Expected to receive	\$45,000

Example Six – Claim Coding

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

Polling Question Six

- Select claim coding 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 Seven	
Contractual arrangement/law	Yes
Beneficiary	Mr. G (age 32, entitled based on ESRD 1/1/2022)
Services	OP
DOS	1/1/2022–1/31/2022
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 Seven – Claim Coding

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

Polling Question Seven

- Select claim coding for this MSP claim
 - CC 02 and OC 33 with 1/1/2022
 - CC 77 and OC 03 with 1/1/2022
 - CC 06 and OC 01 with 1/1/2022
 - CC 06 and OC 33 with 1/1/2022

Example Eight

Contractual arrangement/law

Yes

Beneficiary

Mrs. H (age 68)

Services

OP (FQHC)

DOS

1/27/2022

Medicare-covered charges

\$150

Primary payer

EGHP (Blue Care) – 25 employees

Primary payer's payment

\$120 (\$10 coinsurance applied)

Expected to receive

\$130

Example Eight – Claim Coding

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

Polling Question Eight

- What amount should you report with VC 44 on this MSP claim
 - \$120
 - \$130
 - \$150
 - \$10

Example Nine	
Contractual arrangement/law	Yes
Beneficiary	Mrs. I (age 67)
Services	IP SNF
DOS (related to auto accident on 12/1/2021 in auto NF state)	1/15/2022–1/26/2022
Medicare-covered charges	\$35,000
Primary payer	No-Fault (Drive Well Co.) and EGHP (Blue Care) through spouse – 25 employees
Primary payer’s payment	Drive Well paid \$0; BE 1/1/2022 Blue Care paid \$31,000 (\$2,000 applied to coinsurance)
Expected to receive	\$33,000 (Blue Care); \$0 (Drive Well)

Example Nine – Claim Coding

CCs	None
OCs and dates	02 and 12/1/2021
MSP VC	12
MSP VC amount	\$31,000
VC 44	Yes
VC 44 amount	\$33,000
Note	Claim submitted as MSP, not as Medicare tertiary

Example Ten	
Contractual arrangement/law	Yes
Beneficiary	Mr. J (age 62)
Services	OP
DOS	4/11/2022–4/11/2022
Medicare-covered charges	\$900
Primary payer	LGHP (ABC Co.) through his employer (150 employees) and LGHP (XYZ Co.) through spouse's employer (177 employees)
Primary payer's payment	ABC Co. paid \$600 (\$100 applied to co-pay) XYZ Co. paid \$200 as secondary
Expected to receive	\$700 (ABC Co.) and \$800 (XYZ Co.)

Example Ten – Claim Coding

CCs	77
OCs and dates	None
MSP VCs	12 and 12
MSP VC amounts	\$600 and \$200
VC 44	No
VC 44 amount	N/A
Note	Claim submitted as Medicare tertiary

What You Should Do Now

- Review MSP Resources **handout**
- Share information with staff
- Continue to learn more about MSP
- Develop and implement policies that ensure your MSP responsibilities are met
- Review articles
 - [Determine if Medicare Will Make MSP Payment](#)
 - [Determine Beneficiary Responsibility on MSP Claim](#)

Thank You!

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

