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Medicare

PC-ACE PRO32 QUICK REFERENCE GUIDE: MEDICARE SECONDARY PAYER

The following are Medicare A (Institutional) instructions for entering line item and claim information into PC-ACE Pro32 when Medicare is the secondary payer.

Situations where Medicare is the secondary payer must be submitted electronically in the following manner:

1. Bill the primary insurance and receive an explanation of benefits before you can electronically bill Medicare as the secondary payer.
2. The primary payer must be in PC-ACE Pro32 in the Payer Information database.

The following patient information is sample data only which is used in the examples below:

SAMPLE DATA USED:

FIELD	EXAMPLE DATA
Primary Insurance	Health Source (01041)
Primary Insurance Address	1234 No Road Miami, FL 33012
Commercial Insurance, Group Name	Walmart, Group Number - 55555
Relationship	Self (18)
Insured ID -	654654654
Patient name	Mary B Jones
Patient address	532 Riverside Ave Floor 5 Jacksonville, FL 32202
Patient account #	MSP Part A
Sex	Female
Birth Date	01/01/1935
Employ Status	9 (Widowed, employment not known, and not a student)
Signature is on file	Y
Release of information date	05/05/2001
Secondary Insurance	Medicare FL (09101)
Medicare HIC number	654654654A



Payer Information Screen

The Payer Information Screen is located under the Reference File Maintenance menu. The Payer Information must be set up before any Patient information is entered.

The screenshot shows a 'Payer Information' dialog box with the following fields and values:

- Payer ID:** 01041
- LOB:** COM
- Receiver ID:** (empty)
- ISA08 Override:** (empty)
- Full Description:** HEALTHSOURCE
- Address & Contact Information:**
 - Address:** 1234 NO ROAD
 - City:** MIAMI
 - State:** FL
 - Zip:** 33012-____
 - Contact Name:** (empty)
 - Phone:** () - -
 - Ext:** ()
 - Fax:** () - -
- Flags:**
 - Source:** CI
 - Media:** E
 - Usage:**

Buttons at the bottom include 'Print/Link Matching Descriptions', 'Save', and 'Cancel'.

FIELD	DESCRIPTION
Payer ID	Payers National Identification number.
LOB	Line of Business must be COM.
Receiver ID	Leave blank if not already on file.
ISA08 Override	Leave blank.
Full Description	Name of payer
Address & Contact Information	All fields are optional.
Flags:	
Source	Payment source code for this payer. Use "CI" (Commercial Insurance) Ensure Primary Payer is on PC-ACE Pro32 Payer file as a Commercial.
Media	Specifies the payer receives claims electronically. Use "E" (Electronic)
Usage	Indicates whether the payer record is restricted. Use "U" (Institutional)

Patient Information Screen

The Patient Information Screen/database is located under the Reference File Maintenance menu and must be set up with the primary payer reflected and Medicare as the secondary insurance payer. Note: Any changes to the patient insurance must be updated, here, in the Patient Information Screen (i.e.: Medicare becomes primary, change in insurance company, etc.).

The screenshot shows a software window titled "Patient Information" with a blue title bar and a close button. The window contains several tabs: "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prot)", and "Secondary Insured". The "General Information" tab is selected. The form fields are as follows:

Last Name	First Name	Mi	Gen	Patient Control No (PCN)
JONES	MARY	B		MSP PART A

Patient Address:

Address: 532 RIVERSIDE AVE
FLOOR 5

City: JACKSONVILLE State: FL Zip: 32202

Country: Phone: (904) 355-0313

Notes:

Patient Status:

Active Patient	<input checked="" type="checkbox"/>	Discharge Status	<input type="checkbox"/>
Sex	F	Death Ind	<input type="checkbox"/>
DOB	01/01/1935	DOD	__/__/__
Marital Status	W	Signature On File	<input checked="" type="checkbox"/>
Employment Status	S	Release of Info	<input checked="" type="checkbox"/>
Student Status	N	ROI Date	05/05/2001
CBSA Code			

Buttons: Save, Cancel

General Information tab – information such as the patient's name, address, birth date, any various status flags. This example does not contain information on the patient's legal representative; therefore no information is entered on the Extended Info tab.

Patient Information

General Information | Extended Info | Primary Insured (Inst) | Primary Insured (Ptot) | Secondary Insured

PayerID: 01041 | Payer Name: HEALTH-SOURCE ME | LOB: COM

Group Name: WALMART | Group Number: 55555 | Claim Office:

Insured Information (F7) | Employer Information (F8)

Rel	Last Name	First Name	MI	Gen	Insured ID
18	JONES	MARY	B		654654654

Address: 532 RIVERSIDE AVE, FLOOR 5, JACKSONVILLE, FL 32202

Sex: F | Assign of Benefits: Y | Release of Info: Y | ROI Date: 05/05/2001

Employ Status: 9 | Retire Date: / /

Country: | Phone: (904) 335-0313

Buttons: Save, Cancel

Primary Payer LOB must be COM.

Primary Insured (Inst) tab – provides the primary payer ID and name, primary insured, and employer information of the primary insured.

Patient Information

General Information | Extended Info | Primary Insured | Secondary Insured (Inst) | Tertiary Insured

Payer ID: 09101 | Payer Name: MEDICARE A FLORIDA | LOB: MCA

Group Name: | Group Number: | Claim Office:

Insured Information (F7) | Employer Information (F8)

Rel	Last Name	First Name	MI	Gen	Insured ID
18	JONES	MARY			654654654A

Address: 532 RIVERSIDE AVE, JACKSONVILLE, FL 32202

Sex: F | Assign of Benefits: Y | Release of Info: Y | ROI Date: 05/05/2001

Employ Status: 9 | Retire Date: / /

Country: | Phone: () - -

Buttons: Save, Cancel

Secondary Insured (Inst) tab – provides the secondary payer ID and name, secondary insured, and employer information of the secondary insured.

Entering an Institutional Claim

After completing the Payer Information and Patient Information screens, now it's time to enter the claim information.

SAMPLE DATA USED:

LINE #	REV CODE	CPT W/MODIFIER	DATE	BILLED AMOUNT
1.	420	97140 GP	8/20/08	\$30.00
2.	420	97112 GP	8/21/08	\$35.00
3.	420	97112 GP	8/22/08	\$35.00
4.	420	97140 GP	8/22/08	\$30.00

SAMPLE DATA FROM PRIMARY PAYER PAYMENT INFORMATION:

LINE #	BILLED AMOUNT (WHAT YOU CHARGED)	PRIMARY PAID AMOUNT (AMOUNT OTHER INSURANCE PAID)	DIFFERENCE BETWEEN BILLED AMOUNT AND PRIMARY PAID AMOUNT
1.	\$30.00	\$20.00	\$10.00
2.	\$35.00	\$20.00	\$15.00
3.	\$35.00	\$20.00	\$15.00
4.	\$30.00	\$20.00	\$10.00
TOTAL		\$80.00	

The value codes 12, 13, 14, 15, 16, 41, 42, 43, and 47 are MSP value codes. Enter the amount the Primary payer previously paid.

Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
50	12.00	12	80.00						

Patient Info and Codes tab – From the "Institutional Claim Form" screen, select the "Patient Info & Codes" tab. Enter the appropriate billing information to include the MSP value code and amount.

Note: The complete listing of value codes are found on the CMS Web site in the [CMS Internet-Only Manual \(IOM\) 100-05, Medicare Secondary Payer Manual, Chapter 3 PDF](#) (228 KB)

LN	Rev. Cd.	HCPCS	44 - Modifiers	44 - Rate	45 - Service Date	46 - Units/Days	47 - Total Charges	48 - Non-Cov Charges
1	0420	97140	GP	0.00	08/20/2008 - 08/20/2008	1	30.00	0.00
2	0420	97112	GP	0.00	08/21/2008 - 08/21/2008	1	35.00	0.00
3	0420	97112	GP	0.00	08/22/2008 - 08/22/2008	1	35.00	0.00
4	0420	97140	GP	0.00	08/22/2008 - 08/22/2008	1	30.00	0.00
5								0.00
6								0.00
7								0.00
8								0.00
Totals							130.00	0.00

Billing Line Items tab – Enter the required information for line. Then select the **“MSP/COB (Line xx)”** tab. (Example: If you are on service line 1, it will read MSP/COB [Line 1]. Tab line number will change with each service line you enter.)

Diagnosis/Procedure tab – Enter a “Y” in the **“COB?”** field to activate the MSP/COB and COB Info tabs.

Claim Level MSP Reporting

- **NOTE:** The other insurance remittance determines if MSP information is reported by the Claim Level or by the Line Level.

When selecting “Y” on the “COB?” field, a new tab will appear under the “Extended Payer” tab. This tab is called “COB Info Primary” and “COB Info Secondary”.

On this new tab under the “COB/MIA/MOA Amounts” column the provider must list the qualifier “D” and the amount paid by the other payer

Under the “Claims Level Adjustment (CAS)” column the provider must:

Account for the difference between the Total Charges (billed amount) on the “Line Items Detail” sub tab of the “Billing Line Items” tab and “D” with the appropriate codes that are provided in your remittance advice from the primary payer.

The following is an example – Providers must use the information contained in their primary payer remit to determine the codes and amounts in the CAS column.

This claim example was submitted to Blue Cross. The claim total was \$500. Blue Cross paid \$100. The patient had a deductible of \$50 and \$350 was sent back to the provider with as contractual adjustments listed under code CO 45 in the remit.

- o Under the “COB/MIA/MOA Amounts” enter a “D” qualifier and an amount of \$100 to show what Blue Cross paid the provider for this claim.
- This leaves \$400 that the provider must account for under the “CAS” heading. This information **MUST** be found on the remittance advice from the other payer.
 - o In this case the provider lists a contractual obligation with code 45 (CO 45) of \$350 and a patient deductible (PR 1) of \$50.
 - o The remittance date must be listed in the bottom left hand corner in the “Claim Adjudication Date” field.

Institutional Claim Form

Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | **Extended Payer**

Primary Payer | Secondary Payer | Tertiary Payer | **COB Info (Primary)** | COB Info (Secondary)

Claim Adjustments / COB Amounts / MIA - MOA Information (ANSI-837 Only)

Claim Level Adjustments (CAS)					COB / MIA / MOA Amounts		
Num	Group	Reason	Amount	Units	Num	Code	Amount
1	CD	45	350.00	0.000	1	D	100.00
2	PR	1	50.00		2		
3					3		

Medicare Inpatient Adjudication (MIA) Remarks Codes

Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date: 02/29/2012

Save Cancel

Additional Resources

Electronic Medicare Secondary Payer Specifications for Inbound Claims

National Government Services [electronic specification information regarding submitting MSP claims](#) can be found on our Web site.

Preparing MSP claims

National Government Services [instructions on how to prepare a MSP claim from a billing standpoint](#) can be found on our Web site.

MSP and Conditional Billing Code Chart

National Government Services [MSP and Conditional Billing Code Chart](#) can be found on our Web site.