Conditional Claims – Billing Codes

Condition Codes (UB-04 Form Locators 18–28)

Code	Description	Use
02	Condition is employment related *(injury/illness is a result of employment)*	When reporting value code (VC) 15 or 41 *(also report occurrence code [OC] 04)*
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 *(also report OC 33)*

Occurrence Codes 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 & 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 personal injury protection (PIP) is primary (auto NF states)
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 3rd 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 *(if reporting VC 15, also report CC 02)*
24	Date of primary payer's notice that explains why primary payer did not pay	Always report on conditional claims except when also reporting code DA in Remarks
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)

- Report appropriate MSP VC and amount of zero (represents amount received from primary payer toward Medicare covered charges).
- Do not report VC 44 and amount.
- **Note:** Regardless of which MSP VC is reported, always report **payer code ID of C** on payer line A if submitting claim in the Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE).

Code	Description and Associated Primary Payer Code	Use
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)	**When EGHP pays as primary**
13	ESRD beneficiary with EGHP in MSP/ESRD 30-month coordination period	**When EGHP pays as primary** (*Also report CC 06 and OC 33)*
14	No-fault including automobile/other – Examples: PIP and med-pay coverage	**When NF or med-pay pays as primary** ▪ When reporting VC 14 because med-pay is primary, also report OC 01 ▪ When reporting VC 14 because NF is primary (e.g., auto no-fault state), also report OC 02
15	Workers' Compensation (WC) or WC Set-Aside	**When WC Carrier makes primary payment** (*Also report CC 02 and OC 04)*
16	Public health services (PHS), government research grant	**When PHS or government research grant makes primary payment**
41	Federal black lung (BL) program	**When Federal BL program makes primary payment (***Also report CC 02 and OC 04)*
43	Disabled beneficiary, under age 65, LGHP through own/family member's current employment, employer size of 100 or more (beneficiary must be enrolled in Part A)	**When LGHP makes primary payment**
47	Any Liability insurance	**When Liability makes primary payment** *(Also report OC 03)*

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

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

Remarks (UB-04 FL 80)

- Using a two-digit explanation code from chart below, report **reason** primary payer did not make payment on first line of Remarks. If additional information is required, enter it one space over.
- Also, report primary insurer's address beginning on second line of Remarks unless submitting in FISS DDE in which case use claim entry page 06.

Reason Primary Payer Did Not Make Payment – Remarks

Explanation Code	Description	Can Use When Reporting VC	Other Notes
NB	Not a covered benefit	12, 13, 14, 15, 41 and 43	Services must still be Medicare covered
PC	Preexisting condition	12, 13 and 43	
CD	Payment applied toward primary plan's deductible, copayment or coinsurance	12, 13, 14 and 43	
FG	Beneficiary did not follow rules of GHP or WC	12, 13, 15 and 43	Can use in only three situations. One space over from code FG, indicate which rule was not followed (spell out as shown): 1) Untimely filing with primary payer 2) Out of network (*we pay once only*) or 3) No prior authorization (*we will not pay*)
BE	Benefits Exhausted (if auto no-fault see PE)	12, 13, 14 (med-pay only), 15, 41, and 43	Requires benefits exhaust (BE) date in MM/DD/YY format (May not be same date reported with OC 24). Contact primary payer if they did not provide the BE date. ***For GHP situations (VCs 12, 13 and 43):*** You do not need to contact BCRC when GHP BE. MSP record remains open until GHP termination. You may bill conditionally when you receive no payment from primary GHP whether claim's DOS is prior to or after BE date. Do not bill Medicare as primary. **For accident situations including med-pay but not auto no-fault (VCs 14, 15 and 41):** Contact BCRC with BE date so they can terminate MSP record. You may bill **conditionally** when you receive no payment from primary payer, claim's DOS is prior to BE date and no other insurance exists. You may bill Medicare as **primary** when you receive no payment from primary payer, claim's DOS is after BE date and no other insurance exists.

Explanation Code	Description	Can Use When Reporting VC	Other Notes
PE	Benefits Exhausted for Auto no-fault (also known as PIP) on other medical expenses (for Auto no-fault states)	14	Requires BE date in MM/DD/YY format (May not be same date reported with OC 24). Contact primary payer if they didn't provide. **For accident situations (auto no-fault only):** Contact BCRC with BE date so they can terminate MSP record. You may bill **conditionally** when you receive no payment from primary payer, claim's DOS is prior to BE date and no other insurance exists. You may bill as **primary** when you receive no payment from primary payer, claim's DOS is after BE date and no other insurance exists. Auto no-fault: Florida, Hawaii, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, North Dakota, New Jersey, New York, Pennsylvania, and Utah. Puerto Rico, a U.S. commonwealth, is also no-fault.
DA	Accidents only; 120 day promptly period has passed	14, 15, 41 and 47	Requires date primary payer was billed in MM/DD/YY format. Do not report OC 24 (see above) when reporting DA in Remarks.
DP	Response received from liability stating they need more time so there will be a delay in their payment	47	You have been notified of the delay
LD	Response received from liability insurer stating they feel they are not responsible for claim	47	You have been notified of their decision
PP	Patient paid by liability insurer	47	Used only for conditional claims involving liability insurance payments to the beneficiary where you are not expecting any payment from beneficiary. May not be used for no-fault or med-pay insurance payments to beneficiary (VC 14).

Related Content

- Centers for Medicare & Medicaid Services Internet-Only Manual, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 25, Section 75