

Medicare Secondary Payer Claims (MSP) – 2023 Billing Codes for Webinars

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

Code	Description	Use on Claim
02	Condition is employment-related (accident/injury/illness = result of employment)	When reporting value code (VC) 15 or 41 & occurrence code (OC) 04
06	End-stage renal disease (ESRD) beneficiary in first 30 months of Medicare eligibility or entitlement with employer group health plan (EGHP)	When reporting value code (VC) 13 & OC 33
77	Provider accepted/is required to accept, due to contract/law, primary payer’s payment as full payment. (You received expected amount from primary payer; no MSP payment is due).	When you accepted primary payer’s payment as full payment. Example: Report CC 77 when Medicare covered charges = \$500, you expected from primary payer = \$400 AND you received from primary payer = \$400. <i>Although you were paid in full, submit MSP claim when services are inpatient, home health or hospice (HHH) OR “outpatient & beneficiary has not met annual Medicare Part B deductible”.</i>

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

Code	Description	Use
01	Accident/medical-payment (med-pay) insurance (auto and other accidents) – Date of accident (DOA) for which there is med-pay	When reporting VC 14 & med-pay is primary
02	Accident/no-fault (NF) insurance – DOA for which there is NF (State has auto NF law)	When reporting VC 14 & NF/PIP is primary
03	Accident/tort liability insurance – DOA for which there is liability	When reporting VC 47
04	Accident/employment-related – DOA/injury/illness for which there is Workers Compensation (WC) or Federal Black Lung (BL)	When reporting VC 15 or 41 & CC 02
33	First day of MSP ESRD 30-month coordination period (date it began) for ESRD beneficiary covered by EGHP	When reporting VC 13 & CC 06

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

When entering MSP VC amount (except VC 44) enter amount you received from primary payer toward Medicare covered charges. If submitting in FISS DDE, report **Payer Code ID** on primary payer line A.

Code	Description	Use on Claim	Payer Code ID
12	Working Aged beneficiary, age 65 or over with Part A, EGHP through own/spouse’s current employment, employer size = 20+	When EGHP paid as primary	A
13	ESRD beneficiary with EGHP in MSP/ESRD 30-month coordination period	When EGHP paid as primary AND reporting CC 06 & OC 33	B

14	NF (auto/other) – PIP (auto NF state), med-pay or NF set-aside	When med-pay or NF paid as primary AND reporting: VC 14 for med-pay & OC 01 OR VC 14 for NF & OC 02	D or T
15	WC or WC set-aside	When WC paid as primary AND reporting CC 02 & OC 04	E or W
16	Public Health Services (PHS), Government research grant	When PHS or Government Research grant paid as primary	F
41	Federal Black Lung (BL) Program	When Federal BL Program paid as primary AND reporting CC 02 & OC 04	H
43	Disabled beneficiary with Part A, under age 65, large group health plan (LGHP) through own/family member's current employment, employer size = 100+	When LGHP paid as primary	G
47	Liability Insurance (any) or set-aside	When Liability paid as primary & reporting OC 03	L or S
44	Amount provider is required/obligated to accept from primary payer as full payment due to contract/law when that amount is less than Medicare covered charges but greater than amount you received. Known as OTAF = obligated to accept as full. MSP payment may be due.	In addition to MSP VC, report VC 44 & amount, when applicable. VC 44 amount = amount you expected to receive from primary payer as full payment. Report VC 44 and expected amount when you received less than expected amount AND amount you received is less than Medicare covered charges. Example: Report VC 44 when Medicare covered charges = \$500, you expected from primary payer = \$400 AND you received from primary payer = \$300 (due to an acceptable reason). Report MSP VC & 300 AND VC 44 & \$400.	

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)

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

Related Content

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