

# Medicare Secondary Payer Billing Examples

9/27/2023

**Closed Captioning:** Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.

# 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

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### 2023 MSP Webinars

Christine Janiszcak

### MSP Resources Handout

Christine Janiszcak

### Claim Preparation and Submission Reminders from 9/20/2023 MSP Billing Webinar and MSP Billing Code Table handout

Christine Janiszcak and Jan Wood

### MSP Claim Examples – Help Code These Claims

Jan Wood

### Questions and Answers

# 2023: MSP Webinar Series

# MSP Webinars in Series

- MSP: Fundamentals (5/4/2023)
- MSP: Resources (6/28/2023)
- MSP: Identifying Primary Payers (7/13/2023)
- MSP: Setting Up and Correcting CWF Records (7/18/2023)
- MSP: Rejections on Primary Claims (7/20/2023)
- MSP: Working Aged with EGHP Provision (8/8/2023)
- MSP Disabled with LGHP Provision (8/10/2023)
- MSP: ESRD with EGHP Provision (8/15/2023)
- MSP: No-Fault, Medical-Payment and Liability Provisions (9/6/2023)

# MSP Webinars in Series

- MSP: Preparing and Submitting Claims When Primary Payer Makes Payment (MSP Billing) (9/20/2023)
- MSP: Billing Examples (9/27/2023)
- MSP: Preparing and Submitting Claims When Primary Payer Does Not Make Payment (Conditional Billing) (10/4/2023)
- MSP: Conditional Billing Examples (10/11/2023)
- MSP: Claims That RTP (10/18/2023)
- MSP: Conditional Claims That RTP (10/25/2023)
- MSP: Adjustments Involving MSP (TBD)
- MSP Payment and Beneficiary Responsibility (TBD)



# Additional MSP Webinars

- Virtual conferences (include MSP as topic)
  - Twice a year
- Let's Chat About MSP Part A
  - Once a month
  - For all Part A providers including HHHs and FQHCs/RHCs
  - Ask MSP-related questions (no PHI)
  - Event posted to our website but no presentation

# MSP Resources Handout

**Fact:** The more you know about MSP, the more easily you can achieve compliance with your MSP-related provider responsibilities

**Tips:** Review MSP resources available to you and continue to learn about MSP!



# Claim Preparation and Submission Reminders

# Prepare and Submit MSP Claims – Five Steps

1. Determine if you must submit MSP claim
2. Prepare MSP claim
3. Check for MSP record in CWF
4. Wait for BCRC to set up MSP record in CWF
5. Once MSP record is set up, submit MSP claim



# Step One – Determine if You Must Submit 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
      - If no contract/law, primary payer paid in part if their payment < charges OR they paid in full if their payment = charges
      - If contract/law, primary payer paid in part if their payment < expected amount OR they paid in full if their payment = or > expected amount
- Submit MSP claim if
  - Primary payer paid in part
  - Primary payer paid in full and services are
    - ✓ IP, HHH or "OP and beneficiary has not met annual Medicare Part B deductible"

# Step Two – Prepare MSP Claim

- Complete claim in usual manner
  - Move primary payer to first payer and Medicare to second payer (or third if we are tertiary)
  - Covered TOB, days and charges
  - Usual claim coding
- Follow Medicare's usual requirements
  - Technical (e.g., timely filing), medical (e.g. assessments) and billing (e.g., frequency of billing)
  - HHAs submit NOAs and hospices submit NOEs with Medicare as primary
- Report on claim
  - Applicable MSP billing codes from MSP Billing Code Table (Also a handout)
    - ✓ [Prepare and Submit an MSP Claim](#) and [Prepare and Submit a Medicare Tertiary Claim](#)
    - ✓ Table provides claim fields/codes for UB-04/CMS-1450 claim form, 837I claim and FISS DDE Claim Entry

# Step Two – Prepare MSP Claim (continued)

- Report on claim primary adjustment reasons/amounts (MSP CAS information)
  - CAGC/CARC pairs and amounts from primary payer's RA
    - ✓ CAGCs: Identify general category of payment adjustment (Options are: CO = Contractual Obligations, OA = Other Adjustments, PI = Payer-initiated Reductions and PR = Patient Responsibility)
    - ✓ CARCs: Explain why primary payer paid differently than billed (Examples include but are not limited to 1 = deductible, 2 = coinsurance, 27 = expenses occurred after coverage terminated, 45 = charges exceeded fee schedule or maximum allowable amount, 96 = noncovered charges or 119 = benefit maximum reached for this period or occurrence)
- Take from primary payer's RA and place in
  - Loops/segments of 87I claim
  - Fields on page MAP1719 in FISS DDE claim
    - ✓ Note: for hardcopy UB-04/CMS-1450 claims, attach primary payer's RA to claim
- References: [X12](#), [CR6426](#) and [CR8486](#)

# 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 Fields)

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



# MSP Billing Code Table (Claim Fields)

Claim Codes	UB-04/CMS-1450 Claim FLs	837I Claim Fields	FISS DDE Page
Insured's Name	58A	2330A.NM104	05
Patient's Relationship to Insured	59A	2320.SBR02	05
Insured's Unique ID	60A	2330A.NM109	05
Insurance Group Name	61A	2320.SBR04	05
Insurance Group Number	62A	2320.SBR03	05
Insurance Address	80 (Remarks)	2300.NTE	06

# 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 = Full payment received from primary payer
  - ✓ Must report CC 77 when you have contract (or obligation under law) with primary payer to receive certain amount (expected or OTAF amount) as full payment and you received that amount from primary payer
  - ✓ Example: Charges = \$5,000; expected = \$4,000; received = \$4,000, report
  - ✓ Charges = \$5,000, MSP VC \_\_\_\_ with \$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
  - ✓ If primary payer reduced payment because of failure to file a proper claim but paid > zero, you may submit MSP claim with MSP VC amount = amount you would have received from them had claim been properly filed
    - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 5](#), Section 40.7.5
- VC 44 and expected (OTAF) amount, if applicable
  - ✓ Applicable if primary payer's payment < expected (OTAF) amount (thus, 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 is < OTAF amount (thus, if charges = \$500, OTAF = \$600, received = \$550 (deductible = \$50), report MSP VC \_\_\_\_ = \$550)

# MSP Value Codes and Primary Payer Codes

MSP VC	MSP Provision/Medicare Exclusion	Payer Code ID
12	Working aged, age 65 and over, EGHP, 20 or more employees	A
13	ESRD with EGHP in 30-month coordination period	B
14	No-Fault (automobile and other types including medical-payment) or Set-Aside	D or T
15	Workers' Compensation or Set-Aside	E or W
16	Public Health Services	F
41	Federal Black Lung Program	H
43	Disabled, under age 65, LGHP, 100 or more employees	G
47	Liability Insurance or Set-Aside	L or S

# Primary Payer Code (Payer Code ID)

- Report this 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, S, T or W
      - For Payer B = Z
    - ✓ For Medicare tertiary claims, report
      - For Payer A = A, B, D, E, F, G, H, L, S, T or W
      - For Payer B = A, B, D, E, F, G, H, L, S, T or W
      - For Payer C = Z

# 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



# 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 matching MSP record in CWF, 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 in CWF

- 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 in CWF, 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 > Mailing Addresses > Claims
  - 837I claim
  - FISS DDE claim entry
- Maintain documentation

# FISS DDE – Reminders

- Providers can use to enter MSP and Medicare tertiary claims
  - [FISS DDE Provider Online Guide, Chapter V](#) (Claims/Attachments Submenu 02) – Claim Data Entry
- From main menu (MAP1701)
  - Enter menu selection 02 (Claims/Attachments)
- From Claims/Attachments Entry menu (MAP1703)
  - Enter menu selection: 20 = IP, 22 = OP, 24 = SNF, 26 = home health or 28 = hospice
- Six pages to a claim
  - Set up similar to UB-04/CMS-1450 claim form
- Enter all required data, not just MSP coding
  - Cursor may skip fields not required
- TOB defaults depending on TOB (111 = IP, 131 = OP, 211 = SNF)
  - If entering different TOB, type over default

# FISS DDE Pages for Claim Entry and UB-04/CMS-1450 Claim Form Locators

Page	MAP	UB-04/CMS-1450 Claim FLs
01	MAP1711	FLs 1-41: Patient information, condition, occurrence, occurrence span and value codes
02	MAP1712	FLs 42-49: Revenue and CPT/HCPCS codes, charges and DOS
03	MAP1713	FLs 50-57 & 66-79: Payer, diagnosis code, procedure code and physician information
03	MAP1719	Payment information from primary payer's RA
04	MAP1714	FL 80: Remarks
05	MAP1715	FL 58-62: Insured and insurance information
06	MAP1716	Primary insurer's address



# Page 01 – MAP1711

MAP1711	PAGE 01	NATIONAL GOVERNMENT SERVICES, #13001 UAT				ACMFA561 06/11/18					
MXG9282	SC	INST CLAIM ENTRY				C201831F 14:04:35					
HIC	TOB 111 S/LOC S B0100 OSCAR				SV: UB-FORM						
NPI	TRANS HOSP PROV				PROCESS NEW HIC						
PAT.CNTL#:		TAX#/SUB:		TAXO.CD:							
STMT DATES FROM		TO		DAYS COV		N-C		CO		LTR	
LAST		FIRST		MI		DOB					
ADDR 1		2									
3		4		CARR:							
5		6		LOC:							
ZIP	SEX	MS	ADMIT DATE	HR	TYPE	SRC	D HM	STAT			
COND CODES 01 02 03 04 05 06 07 08 09 10											
OCC CDS/DATE 01 02 03 04 05											
06 07 08 09 10											
SPAN CODES/DATES 01 02 03											
04 05 06 07											
08 09 10 FAC.ZIP											
DCN											
VALUE CODES - AMOUNTS - ANS I											
MSP APP IND											
01 02 03											
04 05 06											
07 08 09											
PLEASE ENTER DATA											
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT											

FYI: MSP Apportion Indicator is no longer used.

Page 02 – MAP1712

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MAP1712    PAGE 02    NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/21/19
MXG9282    SC                      INST CLAIM ENTRY                      A20192BF 12:44:48

                                REV CD PAGE 01

MID          TOB 111    S/LOC S B0100    PROVIDER
UTN          PROG          REP PAYEE      RRB EXCL IND      PROV VAL TYPE
                                TOT      COV                                SERV      RED
CL  REV  HCPC MODIFS      RATE UNIT      UNIT      TOT CHARGE NCOV CHARGE  DATE      IND

PROCESS COMPLETED  ---  PLEASE CONTINUE

PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT

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# Page 03 – MAP1713

MAP1713	PAGE 03	NATIONAL GOVERNMENT SERVICES, #13001 UAT			ACMFA561	06/11/18
MXG9282	SC	INST CLAIM ENTRY			C201831F	14:05:49
HIC		TOB 111 S/LOC S B0100 PROVIDER				
NDC CD		OFFSITE ZIP		ADJ MBI		IND
CD	ID	PAYER	OSCAR	RI AB	EST AMT DUE	
A						
B						
C						
DUE FROM PATIENT			SERV FAC NPI			
MEDICAL RECORD NBR			COST RPT DAYS		NON COST RPT DAYS	
DIAG CODES 01		02	03	04	05	
06	07	08	09	END OF POA IND		
ADMITTING DIAGNOSIS		E CODE		HOSPICE TERM ILL IND		
IDE		GAF		PRV		
PROCEDURE CODES AND DATES 01			02			
03	04	05	06			
ESRD HRS	ADJ REAS CD	REJ CD	NONPAY CD		ATT TAXO	
ATT PHYS	NPI	L	F		M	SC
OPR PHYS	NPI	L	F		M	SC
OTH OPR	NPI	L	F		M	SC
REN PHYS	NPI	L	F		M	SC
REF PHYS	NPI	L	F		M	SC
PROCESS COMPLETED --- PLEASE CONTINUE						
PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT						

# Page 03 (Additional) – MAP1719

- To access from MAP1713, press F11/PF11
- Enter MSP CAS information from primary payer's RA
  - Two pages (for up to two payers); up to 20 entries on each page
    - ✓ On first page (primary payer "1"), enter data and press F6/PF6
    - ✓ On second page (primary payer "2"), enter data
      - **Paid date:** Paid date
      - **Paid amount:** Amount received from primary payer (Must = MSP VC amount and = charges – CAGC/CARC amounts)
      - **GRP:** CAGC(s)
      - **CARC:** CARC(s)
      - **AMT:** Dollar amount with each CAGC/CARC pair

# Page 03 (Additional) – MAP1719

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

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



# Page 03 (Additional) – MAP1719

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  
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

# Page 04 – MAP1714

MAP1714	PAGE 04	NATIONAL GOVERNMENT SERVICES, #13001	UAT	ACMFA561	06/11/18
MXG9282	SC	INST CLAIM ENTRY		C201831F	14:06:14
REMARK PAGE 01					
HIC	TOB 111	S/LOC S B0100	PROVIDER		
REMARKS					
<div>Tip: There are 10 lines available to enter Remarks. If more are needed, use the F6 key for an additional 10 lines. If even more are needed, use the F6 for an additional 10 lines, making total of 30 lines available.</div>					
47	PACEMAKER	48	AMBULANCE	40	THERAPY
41	HOME HEALTH	58	HBP CLAIMS (MED B)	E1	ESRD ATTACH
ANSI CODES - GROUP:		ADJ REASONS:		APPEALS:	
				Not used at this time	
PROCESS COMPLETED --- PLEASE CONTINUE					
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT PF9-UPDT					

# Page 05 – MAP1715

MAP1715	PAGE 05	NATIONAL GOVERNMENT SERVICES, #13001 UAT	ACMFA561	06/11/18
MXG9282	SC	INST CLAIM ENTRY	C201831F	14:06:23

HIC	TOB 111	S/LOC S B0100	PROVIDER
-----	---------	---------------	----------

INSURED NAME	REL	CERT-SSN-HIC	SEX	GROUP NAME	DOB	INS GROUP	NUMBER
A							
B							
C							

TREAT. AUTH. CODE

TREAT. AUTH. CODE

TREAT. AUTH. CODE

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT

# Page 06 – MAP1716

MAP1716	PAGE 06	NATIONAL GOVERNMENT SERVICES, #13001 UAT		ACMFA561 06/30/20
MXG9282	SC	INST CLAIM ENTRY		A20203BF 09:08:22
MID TOB 131 S/LOC S B0100 PROVIDER 330100				
MSP ADDITIONAL INSURER INFORMATION				
1ST INSURERS ADDRESS 1				
1ST INSURERS ADDRESS 2 -				
CITY ST ZIP				
2ND INSURERS ADDRESS 1				
2ND INSURERS ADDRESS 2				
CITY ST ZIP				
PAYMENT DATA --- DEDUCTIBLE COIN CROSSOVER IND				
PARTNER ID				
PAID DATE PROVIDER PAYMENT PAID BY PATIENT				
REIMB RATE RECEIPT DATE 063020 PROVIDER INTEREST				
CHECK/EFT NO CHECK/EFT ISSUE DATE PAYMENT CODE				
PIP PAY AS CASH PRICER DATA HOSPICE PRIOR DYS				
DRG OUTLIER AMT TTL BLNDED PAYMT FED SPEC				
INIT DRG GRH ORIG REIMB AMT NET INL				
TECH PROV DAYS TECH PROV CHARGES				
OTHER INS ID CLINIC CODE IOCE CLM PR FL				
PROCESS COMPLETED --- PLEASE CONTINUE				
PRESS PF3-EXIT PF7-PREV PAGE PF9-UPDT ENTER-CONTINUE				

# 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

Item	Information
Contract/law?	No
Beneficiary	Ms. A (Age 69)
Services	OP
DOS	1/22/2023
DOA	1/21/2023 (Fall in a friend's home)
Medicare covered charges	\$1,500
Primary payer	Medical-payment insurance (Homeowner's = ABC Co.), no liability involvement
Primary payer's payment	\$1,500



# Example One – Claim Coding

Code(s)	Information
CC(s)	May report 77
OC(s) and Date(s)	<b>HELP CODE THIS CLAIM</b>
MSP VC	14
MSP VC Amount	\$1,500
MSP VC 44?	No
VC 44 Amount	N/A

# Example One – Polling Question

- Select claim coding for Example One
  - OC 01 with 1/22/2023
  - OC 01 with 1/21/2023
  - OC 02 with 1/22/2023
  - OC 03 with 1/21/2023



## Example Two

Item	Information
Contract/law?	No
Beneficiary	Ms. B (Age 70)
Services	OP
DOS	2/11/2023
DOA	2/10/2023 (Fall in a store)
Medicare covered charges	\$1,200
Primary payer	No medical-payment insurance, liability involvement (Responsible Insurance Co.)
Primary payer's payment	\$1,200





## Example Two – Claim Coding

Code(s)	Information
CC(s)	May report 77
OC(s) and Date(s)	<b>HELP CODE THIS CLAIM</b>
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	\$1,200
MSP VC 44?	No
VC 44 Amount	N/A

# Example Two – Polling Question

- Select claim coding for Example Two
  - OC 01 with 2/10/2023 and MSP VC 47
  - OC 02 with 2/10/2023 and MSP VC 14
  - OC 03 with 2/10/2023 and MSP VC 14
  - OC 03 with 2/10/2023 and MSP VC 47





# Example Three

Item	Information
Contract/law?	Yes
Beneficiary	Mrs. C (Age 62)
Services	IP Hospital
DOS	11/2/2022 – 12/25/2022
DOA	11/2/2022 (Injured at work)
Medicare covered charges	\$15,000
Primary payer	Workers' Compensation (Happy Co.); no EGHP
Primary payer's payment	\$15,000



## Example Three – Claim Coding

Code(s)	Information
CC(s)	02 and 77
OC(s) and Date(s)	<b>HELP CODE THIS CLAIM</b>
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	\$15,000
MSP VC 44?	No
VC 44 Amount	N/A

# Example Three – Polling Question

- Select claim coding for Example Three
  - OC 02 with 11/2/2022 and MSP VC 15
  - OC 03 with 11/2/2022 and MSP VC 14
  - OC 04 with 11/2/2022 and MSP VC 15
  - OC 04 with 11/2/2022 and MSP VC 12

# Example Three – Note

- If provider in this example were a SNF rather than a hospital
  - Be aware a SNF would submit two MSP claims
    - ✓ November and
    - ✓ December



# Example Four

Item	Information
Contract/law?	No
Beneficiary	Mr. D (Age 40)
Services	OP
DOS	1/1/2023
DOA	12/31/2022 (Auto accident in NF state)
Medicare covered charges	\$140
Primary payer	NF Insurance (Drive Safe Co.); no liability involvement
Primary payer's payment	\$140





# Example Four – Claim Coding

Code(s)	Information
CC(s)	May report 77
OC(s) and Date(s)	<b>HELP CODE THIS CLAIM</b>
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	\$140
MSP VC 44?	No
VC 44 Amount	N/A

# Example Four – Polling Question

- Select claim coding for Example Four
  - OC 01 with 12/31/2022 and MSP VC 14
  - OC 02 with 12/31/2022 and MSP VC 14
  - OC 02 with 12/31/2022 and MSP VC 47
  - OC 03 with 12/31/2022 and MSP VC 14





# Example Five

Item	Information
Contract/law?	Yes
Beneficiary	Mrs. E (Age 66)
Services	Home Health
DOS	12/1/2022 – 1/31/2023
Medicare covered charges	\$6,000
Primary Payer	EGHP (Blue Care), Her employer (25 employees)
Primary Payer's Payment	\$4,500 (\$500 deductible)
Expected Amount	\$5,000



# Example Five – Claim Coding

Code(s)	Information
CC(s)	None
OC(s) and Date(s)	None
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	<b>HELP CODE THIS CLAIM</b>
MSP VC 44?	Yes
VC 44 Amount	<b>HELP CODE THIS CLAIM</b>
NOA	Submitted as if Medicare is primary

# Example Five – Polling Question

- Select claim coding for Example Five
  - 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

Item	Information
Contract/law?	Yes
Beneficiary	Mrs. F (Age 50)
Services	Hospice
DOS	12/1/2022 – 12/31/2022
Medicare covered charges	\$50,000
Primary Payer	LGHP (Aetna Co.), Spouse’s employer (130 employees)
Primary Payer’s Payment	\$43,000 (\$2,000 deductible and coinsurance)
Expected Amount	\$45,000





# Example Six – Claim Coding

Code(s)	Information
CC(s)	None
OC(s) and Date(s)	None
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	<b>HELP CODE THIS CLAIM</b>
MSP VC 44?	Yes
VC 44 Amount	<b>HELP CODE THIS CLAIM</b>
NOE	Submitted as if Medicare is primary

# Example Six – Polling Question

- Select claim coding for Example Six
  - 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

Item	Information
Contract/law?	Yes
Beneficiary	Mr. G (Age 32, entitled due to ESRD on 1/1/2023)
Services	OP
DOS	1/1/2023 – 1/31/2023
Medicare covered charges	\$19,000
Primary Payer	EGHP (Alliance Co.) through parent's employer
Primary Payer's Payment	\$13,000 (\$3,000 deductible and coinsurance)
Expected Amount	\$16,000





## Example Seven – Claim Coding

Code(s)	Information
CC(s)	<b>HELP CODE THIS CLAIM</b>
OC(s) and Date(s)	<b>HELP CODE THIS CLAIM</b>
MSP VC	13
MSP VC Amount	\$13,000
MSP VC 44?	Yes
VC 44 Amount	\$16,000

# Example Seven – Polling Question

- Select claim coding for Example Seven
  - CC 02 and OC 33 with 1/1/2023
  - CC 77 and OC 03 with 1/1/2023
  - CC 06 and OC 01 with 1/1/2023
  - CC 06 and OC 33 with 1/1/2023



# Example Eight

Item	Information
Contract/law?	Yes
Beneficiary	Mrs. H (Age 68)
Services	OP FQHC
DOS	1/27/2023
Medicare covered charges	\$150
Primary Payer	EGHP (Regent Co.), Her employer (32 employees)
Primary Payer's Payment	\$120 (\$30 coinsurance)
Expected Amount	\$130



## Example Eight – Claim Coding

Code(s)	Information
CC(s)	None
OC(s) and Date(s)	None
MSP VC	12
MSP VC Amount	\$13,000
MSP VC 44?	Yes
VC 44 Amount	<b>HELP CODE THIS CLAIM</b>

# Example Eight – Polling Question

- Select claim coding for Example Eight
  - VC 44 and \$120
  - VC 44 and \$130
  - VC 44 and \$150
  - VC 44 and \$10





# Example Nine

Item	Information
Contract/law?	No with NF; Yes with EGHP
Beneficiary	Mr. I (Age 67)
Services	IP SNF
DOS	1/15/2023 – 1/26/2023 (related to auto accident on 12/1/2022 in auto NF state)
Medicare covered charges	\$35,000
Primary Payer	NF (Drive Well Co.) and EGHP (Executive Co.) through spouse’s employer (59 employees)
Primary Payer’s Payment	NF paid \$0 (BE 2/1/2023; you were not paid), EGHP paid \$31,000 (\$2,000 coinsurance)
Expected Amount	\$0 from NF and \$33,000 from EGHP



## Example Nine – Claim Coding

Code(s)	Information
CC(s)	None
OC(s) and Date(s)	02 and 12/01/2022
MSP VC	12
MSP VC Amount	\$31,000
MSP VC 44?	Yes
VC 44 Amount	\$33,000
Note	Claim submitted as MSP; not Medicare tertiary





# Example Ten

Item	Information
Contract/law?	Yes with both plans
Beneficiary	Mrs. J (Age 58)
Services	OP
DOS	4/11/2023
Medicare covered charges	\$900
Primary Payer	LGHP (ABC Co.), Her employer (150 employees) and LGHP (XYZ Co.), spouse's employer (177 employees)
Primary Payer's Payment	ABC Co. paid \$600 (\$100 co-pay) and XYZ Co. paid \$200 as secondary
Expected Amount	\$700 (ABC Co.) and \$800 (XYZ Co.)



# Example Ten – Claim Coding

Code(s)	Information
CC(s)	77
OC(s) and Date(s)	None
MSP VC	43 and 43
MSP VC Amount	\$600 and \$200
MSP VC 44?	No
VC 44 Amount	N/A
Note	Claim submitted as Medicare tertiary

# What You Should Do Now

- Be familiar with MSP resources
- Develop and implement policies that ensure your facility meets its MSP responsibilities
- Ensure your admissions/registration department works closely with your billing department
- Share this presentation with coworkers
- Continue to attend our MSP webinars
- Review articles
  - [Determine if Medicare Will Make MSP Payment](#)
  - [Determine Beneficiary Responsibility on MSP Claim](#)

# Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

# To Ask a Question Using the Question Box

The screenshot shows the GoToWebinar interface with the following sections:

- Attendee List (2 | Max 201)**: Includes tabs for Attendees (1) and Staff (1). A dropdown menu shows 'NAMES - ALPHABETICALLY' with 'Corena Bahr (Me)' listed below it. A search bar is at the bottom of this section.
- Audio**: Shows 'Audio Mode' with radio buttons for 'Use Telephone' and 'Use Mic & Speakers' (selected). Below is a 'MUTED' status with a volume icon and a green bar. A link for 'Audio Setup' is present. It also indicates 'Talking: Suzie Smith'.
- Questions**: Contains a 'Questions Log' with a red background showing a question 'Q: Is there a volume discount?' and an answer 'A: Yes! We will send you more info after the event.' Below the log is a text input field containing 'Yes' and a 'Send' button.
- Webinar Now**: Displays 'Webinar ID: 731-938-951' and the 'GoToWebinar™' logo.

Two red arrows provide instructions: one points to the text input field in the Questions section with the text 'Type questions here', and the other points to the 'Send' button with the text 'Then click Send'.



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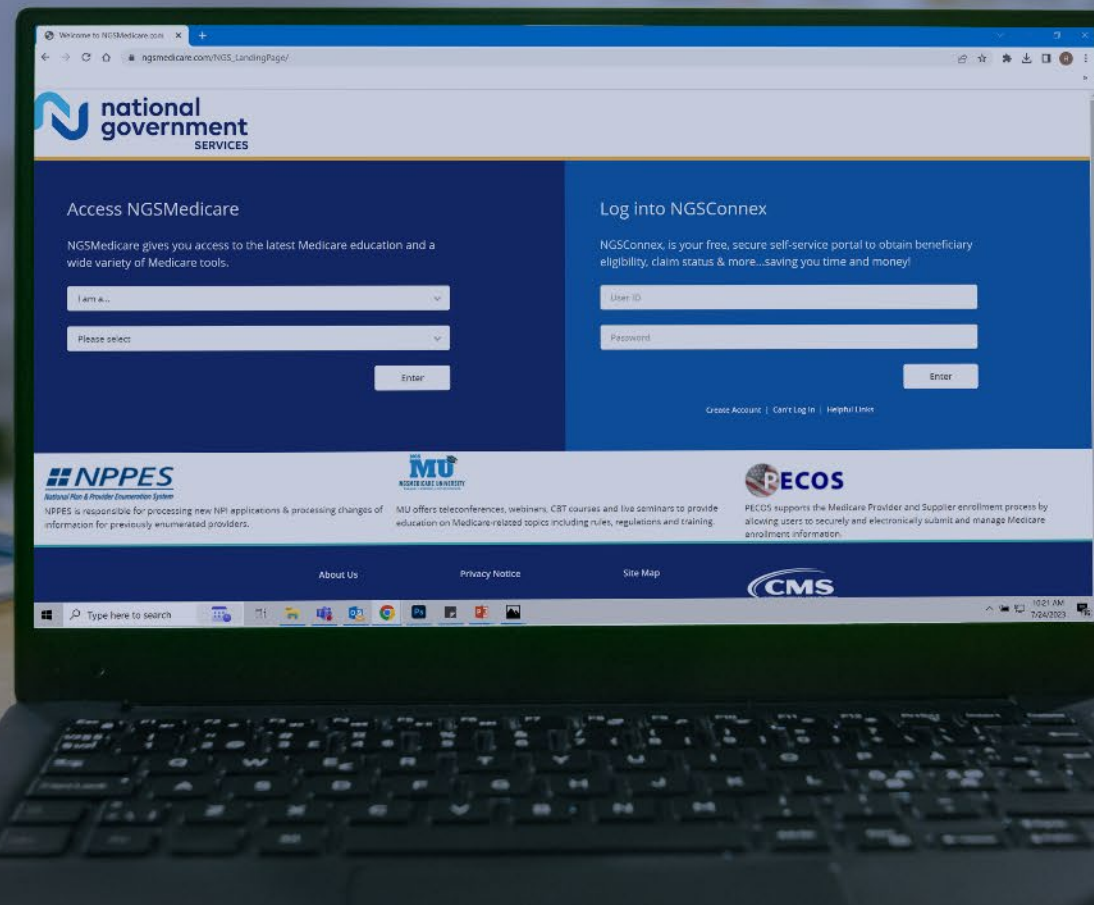


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