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MEDICARE

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Conditional Claims – 2023 Billing Codes for MSP Webinars

Code	UB-04 (CMS-1450)	837I Claim Field	FISS DDE Claim Entry Page	Instruction (Report, as applicable)
Condition Code (CC)	FL 18-28	2300.HI (BG)	Page 01 (MAP1711)	**02** = Condition is employment related *(Report OC 04 & VC 15 or 41)* **06** = ESRD beneficiary in first 30 months of eligibility or entitlement covered by EGHP *(Report VC 13)*
Occurrence Code (OC) and Date	FL 31-34	2300.HI (BH)	Page 01 (MAP1711)	**01** and DOA/injury when primary payer = medical payment *(Report VC 14)* **02** and DOA/injury when primary payer = no-fault/PIP *(Report VC 14)* **03** and DOA/injury when primary payer = liability *(Report VC 47)* **04** and DOA or injury when primary payer = WC *(Report CC 02 & VC 15 or 41)* **24** and date of primary payer's RA, EOB statement or letter explaining reason(s) they denied, rejected or did not pay claim. Do not report OC 24 when claim is for accident and primary payer has not paid promptly (within 120 days). **33** and first day of MSP ESRD coordination period for ESRD beneficiaries covered by EGHP *(Report CC 06 & VC 13)*
Value Code (VC) and amount	FL 39-41	2300.HI (BE)	Page 01 (MAP1711)	Report MSP **VC** that represents **MSP Provision** and amount paid by primary payer toward Medicare covered charges ($0 for conditional claims). MSP VC options: **12** = Working Aged beneficiary (age 65 or over with Part A) with EGHP through self/spouse, employer has 20+ employees

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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				13 = ESRD beneficiary with EGHP in coordination period (Report *CC 06 & OC 33)* **14** = No-fault including auto and other types. Examples: PIP and medical payment *(Report OC 01 or 02)* **15** = WC *(Report CC 02 and OC 04)* **16** = PHS or another federal agency **41** = Black Lung *(Report CC 02 and OC 04)* **43** = Disabled beneficiary (under age 65 with Part A) with LGHP through self/family member, employer has 100+ employees **47** = Any liability insurance *(Report OC 03)* Do not submit conditional claims when primary payer is PHS/PHS/another federal agency or VA. If these payers do not pay for valid reason, submit primary claims.
Payer Code (Code ID)	N/A	N/A	Page 03 (MAP1713)	For first three payers (marked A, B and C), report payer code (code ID). For conditional claims, report a C for payer code (Code ID) of primary payer, regardless of MSP Provision and MSP VC on claim. Report Z for Medicare.
Primary insurer name (Payer Name)	FL 50A, B, C	2320.SBR04	Page 03 (MAP1713)	Report name of primary insurer(s). Report actual, complete names; not vague names such as no-fault, EGHP, etc. If using FISS DDE, Medicare will populate for lines on which you reported payer code (code ID) Z.
Insured's name	FL 58 A, B, C	2330A.NM104	Page 05 (MAP1715)	Report insured's name for each payer.
Patient's relationship to insured	FL 59 A, B, C	2320.SBR02	Page 05 (MAP1715)	Report beneficiary's relationship to insured for each payer. Options: **01** = spouse **18** = self **19** = child **20** = employee **21** = unknown **39** = organ donor **40** = cadaver **53** = life partner **G8** = other relationship
Insured's unique ID	FL 60A, B, C	2330A.NM109	Page 05 (MAP1715)	Report insured's ID for each payer (beneficiary's MBI for Medicare line)
Insurance Group Name	FL 61A, B, C	2320.SBR04	Page 05 (MAP1715)	Report name of primary insurance group for each primary payer

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Insurance Group Number	FL 62A, B, C	2320.SBR03	Page 05 (MAP1715)	Report primary insurance group number for each primary payer
Employer Name	FL 65A, B, C	N/A	N/A	For UB-04 (CMS-1450) only, report name of employer that provides GHP to beneficiary
Reason Primary Payer Did Not Pay	FL 80 (Remarks)	2300.NTE	Page 04 (MAP1714)	**Reason Primary Payer Did Not Pay** In Remarks, on line 1, report a **two-digit explanation code** and, if applicable, a **date**, in MM/DD/YY format, to explain reason primary payer did not pay claim. We created ten options to provide valid reason primary payer did not pay or did not pay promptly (within 120 days; accidents only). Report any required date or other required information one space over. Options: **BE** = Benefits exhausted and **date** benefits exhausted (MM/DD/YY). Auto no-fault states should not use BE for auto accident claims - see code PE below. Use with VCs 12, 13, 14, 15, 41 or 43. If primary payer is medical payment (VC 14), benefits exhausted, claim's DOS is after date benefits exhausted, and claim is also not responsibility of another payer such as liability, submit primary claim. First, contact BCRC to add MSP record term date = benefits exhaust date. **CD** = Charges applied to co-payment, coinsurance, and/or deductible. Use with VCs 12, 13, 14, or 43. **DA** and **date** you billed primary payer for accident. At least 120 days must have passed since you billed them. Do not also report OC 24. Use with VCs 14, 15, 41, or 47. For VC 47, withdraw claim/lien with liability. **DP** = Delay in payment from liability (you were notified of delay). Use with VC 47. **FG** and **primary payer's guideline not followed**. Report FG in when (see below) and indicate which reason (typed out) for submitting conditional claim. Use with VCs 12, 13, 15, or 43. • ***Provider out of plan's network*** *(Medicare can pay once to one provider during time beneficiary enrolled in that primary plan)* • ***Untimely filing with primary payer*** *(Medicare can pay but claim must be filed timely)* • ***No prior authorization*** *(Medicare cannot pay).*

Code	UB-04 (CMS-1450)	837I Claim Field	FISS DDE Claim Entry Page	Instruction (Report, as applicable)
				LD = Response received from liability insurer stating they are not responsible for claim. Use with VC 47. **NB** = Not a covered benefit. Use with VCs 12, 13, 14, 15, 41, or 43. **PC** = Pre-existing condition. Use with VCs 12, 13, or 43. **PE** and **date** auto no-fault/PIP benefits exhausted. Use with VC 14 for auto no-fault states. You must have PIP exhaustion. If auto no-fault benefits exhausted, claim's DOS is after date benefits exhausted, and claim is also not responsibility of another payer such as liability, submit primary claim. First, contact BCRC to add MSP record term date = benefits exhaust date. **PP** = Beneficiary paid by liability. Used only when you are not already expecting payment from beneficiary. Use with VC 47.
Primary Insurer's Address	FL 80 (Remarks)	2300.NTE	Page 06 (MAP1716)	**Primary Insurer Address** Report primary insurer's complete address. For UB-04 (CMS-1450) and 837I claims, report in Remarks, line 2. For FISS DDE Claim Entry, report in Page 06.

Related Content

- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 25, Section 75