

# Medicare Secondary Payer: Preparing and Submitting Claims (Examples) – Part 2

1/30/2025

**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.*



## Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



# Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

# Objective

Increase understanding of how to prepare and submit compliant MSP claims after receiving payment from primary payer(s).



# Today's Presenters

- Provider Outreach and Education Consultants
  - Andrea Freibauer
  - Christine Janiszczak





# Agenda

- [MSP Claims Part 1 Recap](#)
- [MSP Claims Part 1 Reminders](#)
- [MSP Claim Examples – Help Code These](#)  
[Claims](#)
- [Resources](#)
- [Questions](#)

# MSP Claims Part 1 Recap

- MSP defined
- MSP provisions
- Your MSP responsibilities per Medicare provider agreement
  - Identifying primary payers by
    - Checking for beneficiary MSP records in CWF and
    - Collecting MSP information from beneficiary/representative
  - Determining proper payer order
  - Submitting claims to primary payers
  - Preparing and submitting MSP claims

# MSP Claims Part 1 Reminders

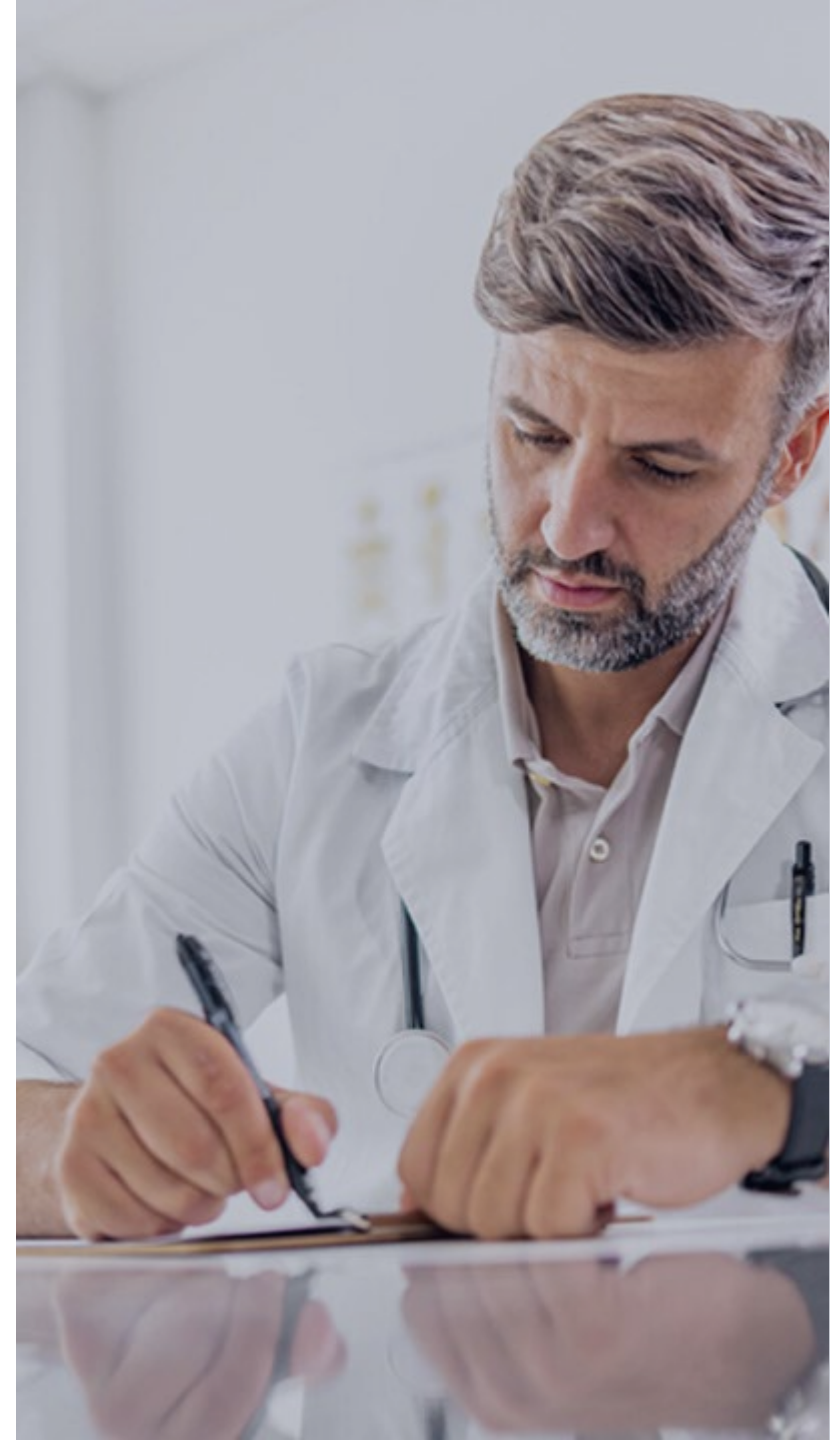
# Preparing and Submitting MSP Claims - Instructions

- [Prepare and Submit a Medicare Secondary Payer Claim](#)
  - Background
  - Step 1: Determine if you must submit an MSP claim
  - Step 2: Prepare MSP claim (includes MSP Billing Code Table)
  - Step 3: Check for matching MSP record for beneficiary in CWF
  - Step 4: Submit MSP claim
  - Step 5: Keep checking for MSP claim to process
  - Step 6: Return or resubmit a corrected claim



# Background

- Before submitting MSP claim, you must have
  - Conducted MSP screening process
  - Collected additional information for billing purposes
  - Determined primary payer(s) based on MSP provisions
  - Submitted claim(s) to primary payer(s)
  - Conducted any necessary follow up with them
  - Received payment (more than zero)



# Determine if You Must Submit an MSP Claim

- You must submit MSP claim if primary payer paid claim
  - In part (more than zero but less than full payment)
    - Primary payer paid less than Medicare-covered charges or less than amount you agreed to accept, per contract or obligation under law, as full payment of such charges
  - In full and claim for
    - Home health or hospice services
    - IP services
    - OP services and beneficiary has not yet met annual Medicare Part B deductible
      - Primary payer paid Medicare-covered charges or amount you agreed to accept, per contract or obligation under law, as full payment of such charges



# MSP Claim vs. Medicare Tertiary Claim

- If beneficiary has **two primary payers**
  - Submit **Medicare tertiary** claim if both payers paid
    - Report both payers and their payment information
  - Submit **MSP claim** if one payer paid but other did not pay (for valid reason or within 120-day promptly period for accidents only)
    - Report payer that paid and its payment information
    - Do not report payer or payment information for payer that did not pay

# Prepare MSP Claim

- Complete claim as usual (as if Medicare primary)
  - Covered TOB, Medicare-covered charges, covered days, etc.
    - But move primary payer to first payer and Medicare to second payer
- Follow Medicare technical, medical and billing requirements
- Report applicable MSP billing codes in claim fields using
  - Table in [Prepare and Submit a Medicare Secondary Payer Claim](#)
  - NUBC codes from [NUBC's UB-04 Data Specifications Manual](#)
  - CAS information (CAGS, CARCs and amounts) from primary payer's RA
  - Provider self-service tools to check if primary payer information on claim matches primary payer information in MSP record



# MSP Billing Code Table

- Report applicable MSP billing codes in respective claim fields:

Information	UB-04/CMS-1450 FLs	837I Fields	FISS DDE Page
CCs	18-28	2300.HI (BG)	01
OCs and Dates	31-34	2300.HI (BH)	01
VCs and Amount	39-41	2300.HI (BE)	01
Primary Payer Code ID	N/A	N/A	03
Patient's Relationship to Insured	59 A, B, C	2320.SBR02	05

# MSP Billing Code Table (continued)

Information	UB-04/CMS-1450 FLs	837I Fields	FISS DDE Page
Primary Insurer Name	50 A, B, C	2320.SBR04	03
Insured's Name	58 A, B, C	2330A.NM104	05
Insured's Unique ID	60 A, B, C	2330A.NM109	05
Insurance Group Name	61 A, B, C	2320.SBR04	05
Insurance Group Number	62 A, B, C	2320.SBR03	05
Insurance Address	80 (Remarks)	2300.NTE	06

# MSP Billing Codes – CCs (COND Codes)

- **02** = Employment-related condition
- **06** = ESRD beneficiary in first 30 months of eligibility or entitlement and covered by EGHP
- **77** = Received full payment from primary payer
  - Must report when
    - Contract with primary payer/obligation under law to receive certain amount (obligated to accept as full {OTAF} payment amount) as full payment and received OTAF payment amount
      - Example: Medicare-covered charges = \$5,000, OTAF = \$4,000, received = \$4,000
  - May report when
    - No contract with primary payer/no obligation under law to receive certain amount (OTAF payment amount) as full payment and received Medicare-covered charges
      - Example: Medicare-covered charges = \$5,000, received = \$5,000

# MSP Billing Codes – OCs (OCC CDS/DATE)

- **01** and DOA if medical-payment coverage primary
- **02** and DOA if no-fault insurance primary
- **03** and DOA if liability insurance primary
- **04** and DOA if WC primary
- **33** and date ESRD coordination period began



# MSP Billing Codes – MSP VC and Amount

- MSP VC (**12, 13, 14, 15, 16, 41, 42, 43 or 47**) and
  - Amount received from primary payer when proper claim filed
  - Amount would have received from primary payer if proper claim filed
    - When primary payment reduced because proper claim not filed
      - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 5, Section 40.7.5](#)

# MSP Value Codes for MSP Provisions

MSP Provision	Value Code
Working aged, 65 and over, working/spouse working with EGHP, 20 or more employees	12
ESRD with EGHP, current/former employer, in 30-month coordination period	13
No-Fault (automobile/other types including medical-payment) or No-Fault Set Aside	14
WC or WC Set Aside	15
Public Health Services	16
Federal Black Lung Program	41
Disabled, under 65, working/family member working with LGHP, 100 or more employees	43
Liability Insurance or Liability Set Aside	47

# MSP Billing Codes – VC 44 and Amount

- **VC 44** and OTAF payment amount
  - Report when
    - Contract with primary payer/obligation under law to receive certain amount (OTAF payment amount) as full payment **and**
    - Received **less than OTAF** payment amount
      - Example:
        - Medicare-covered charges = \$5,000
        - OTAF = \$4,000
        - Primary payer paid = \$3,500 after applying deductible = \$500
    - Report
      - MSP VC = \$3,500
      - VC 44 = \$4,000 to bill us for \$500 (OTAF – received amount)

# MSP Billing Codes – FISS Only

- Primary payer code (payer code ID)
  - For MSP claims, report
    - For Payer A = A, B, D, E, F, G, H, L, S or T
    - For Payer B = Z (Medicare)
  - For Medicare tertiary claims, report
    - For Payer A = A, B, D, E, F, G, H, L, S or T
    - For Payer B = A, B, D, E, F, G, H, L, S or T
    - For Payer C = Z (Medicare)





# Payer Codes for MSP Provisions (FISS Only)

MSP Provision	Payer Code
Working aged, 65 and over, working/spouse working with EGHP, 20 or more employees	A
ESRD with EGHP, current/former employer, in 30-month coordination period	B
No-Fault (automobile/other types including medical-payment) or No-Fault Set Aside	D or T
WC or WC Set Aside	E or W
Public Health Services	F
Federal Black Lung Program	H
Disabled, under 65, working/family member working with LGHP, 100 or more employees	G
Liability Insurance or Liability Set Aside	L or S

# MSP Billing Codes – Patient's Relationship to Insured

- **01** = Spouse
- **18** = Self
- **19** = Child
- **20** = Employee
- **21** = Unknown
- **53** = Life partner
- **G8** = Other relationship

# Submit MSP Claim

- Use any of three options:
  - Hardcopy UB-04/CMS-1450 claim form (need approved ASCA waiver)
  - 837I claim
  - FISS DDE claim entry
- To include CAS information (CAGCs, CARCs and amounts):
  - For hardcopy UB-04/CMS-1450 claims, attach primary payer's RA
  - For 837I claims, report in appropriate loops/segments
  - For FISS DDE claims, report in MAP1719

# CAGCs and CARCs

- CAGC options:
  - CO = Contractual Obligations
  - OA = Other Adjustments
  - PI = Payer-initiated Reductions
  - PR = Patient Responsibility
- CARC options include but not limited to:
  - 1 = Deductible amount
  - 2 = Coinsurance amount
  - 27 = Expenses incurred after coverage terminated
  - 45 = Charges exceeded fee schedule/maximum allowable
  - 96 = Noncovered charges
  - 97 = Benefit for this service included in payment/allowance for another service/procedure already adjudicated
  - 119 = Benefit maximum reached for period or occurrence



# Did You Know...

- If there was no MSP record in CWF, submission of your MSP claim will set up an MSP record in CWF
  - [Set Up Beneficiary's MSP Record](#)



# FISS DDE Reminders

- You can use FISS DDE 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, 28 = hospice
- Six pages to a claim (like 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 – Six Pages

Page	MAP	UB-04/CMS-1450 FLs
01	MAP1711	FLs 1-41: Patient information, CCs, OCs, OSCs and VCs
02	MAP1712	FLs 42-49: Revenue and CPT/HCPCS codes, charges and DOS
03	MAP1713	FLs 50-57 and 66-79: Payer, diagnosis and procedure codes, physician information
03	MAP1719	Payment information from primary payer's RA (page for payer 1 and for payer 2)
04	MAP1714	FL 80: Remarks
05	MAP1715	FL 58-62: Insured and insurance information
06	MAP1716	Primary insurer's address

# 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 equal MSP VC amount and must equal total charges minus all CAGC/CARC amounts**)
    - **GRP:** CAGC(s)
    - **CARC:** CARC(s)
    - **AMT:** Dollar amount with each CAGC/CARC pair

# Page 03 (Additional) – MAP1719 (continued)

```
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.

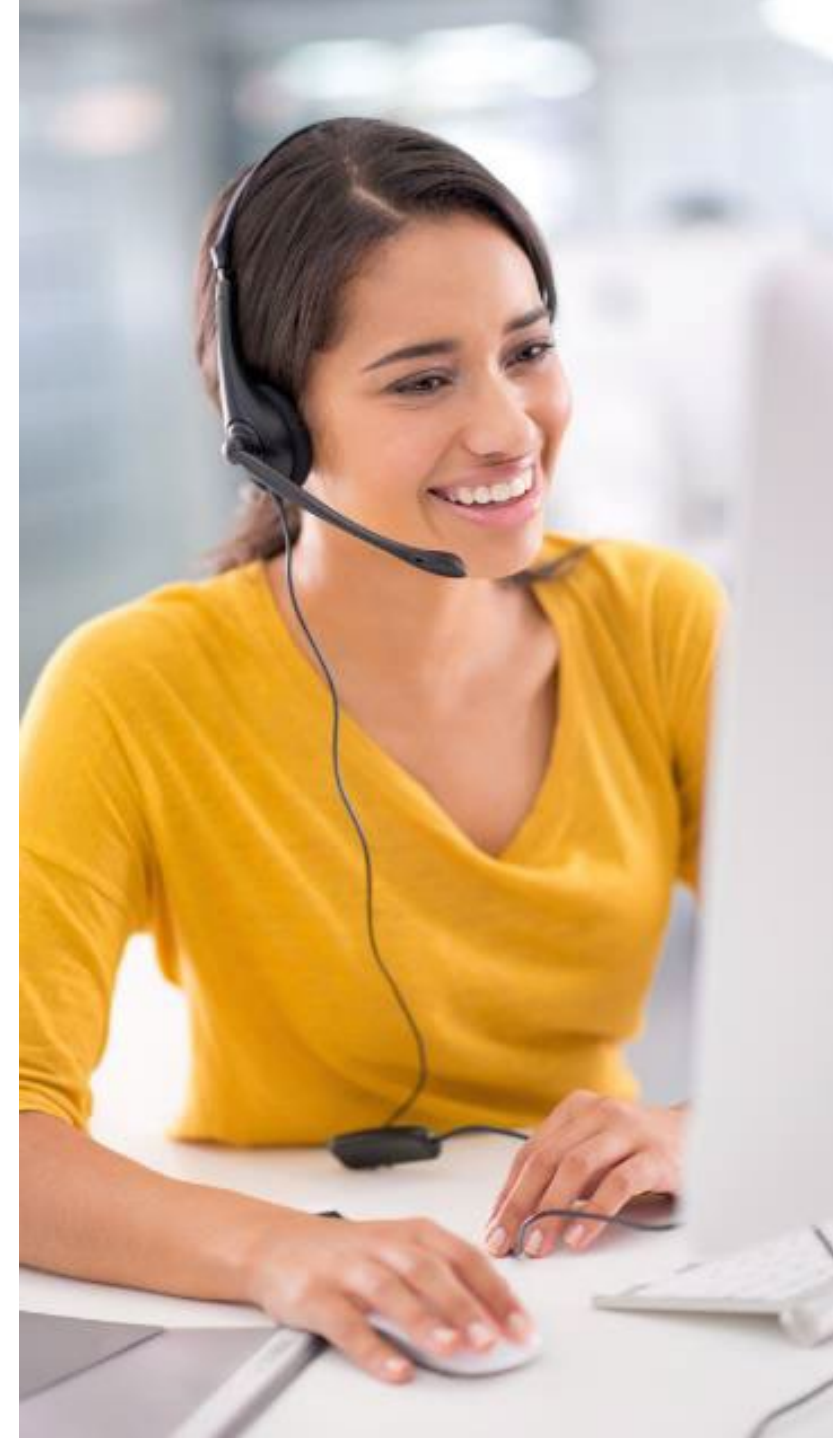


# MSP Scenario 1

- Beneficiary:
  - Working aged
  - EGHP primary
- Provider:
  - SNF = 3/1/2024 – 3/25/2024 (requirements met)
  - Medicare-covered charges = \$10,000
  - Billed EGHP (contract = yes)
- EGHP:
  - Paid = \$7,200 on 5/15/2024
    - Allowed = \$8,000 but applied coinsurance = \$800

# MSP Scenario 1 – CAGC/CARC Coding

- Page 01 (MAP1711)
  - MSP VC 12 = \$7,200
  - VC 44 = \$8,000
- Page 03 (MAP171)
  - Paid date = 051524
  - Paid amount = \$7200
- CAGCs/CARCs and amounts:
  - CO45 = \$2000
  - PR2 = \$800



# MSP Scenario 2

- Beneficiary:
  - Disabled
  - LGHP primary until 2/29/2024
    - Left employment 2/29/2024
- Provider:
  - IP hospital = 1/15/2024 – 4/7/2024
  - Medicare-covered charges = \$80,000
    - 1/15 – 2/29 = \$50,000
    - 3/1 – 4/7 = \$30,000
  - Billed LGHP (contract = yes)
- LGHP:
  - For 1/15 – 2/29
    - Paid = \$39,000 on 5/10/2024
    - Allowed = \$40,000 but applied deductible = \$1,000
  - For 3/1 – 4/7
    - No payment

# MSP Scenario 2 – CAGC/CARC Coding

- Page 01 (MAP1711)
  - MSP VC 43 = \$39,000
  - VC 44 = \$70,000
- Page 03 (MAP1719)
  - Paid date = 051024
  - Paid amount = \$39,000
- CAGCs/CARCs and amounts:
  - CO45 = \$10,000
  - PR1 = \$1,000
  - PR27 = \$30,000

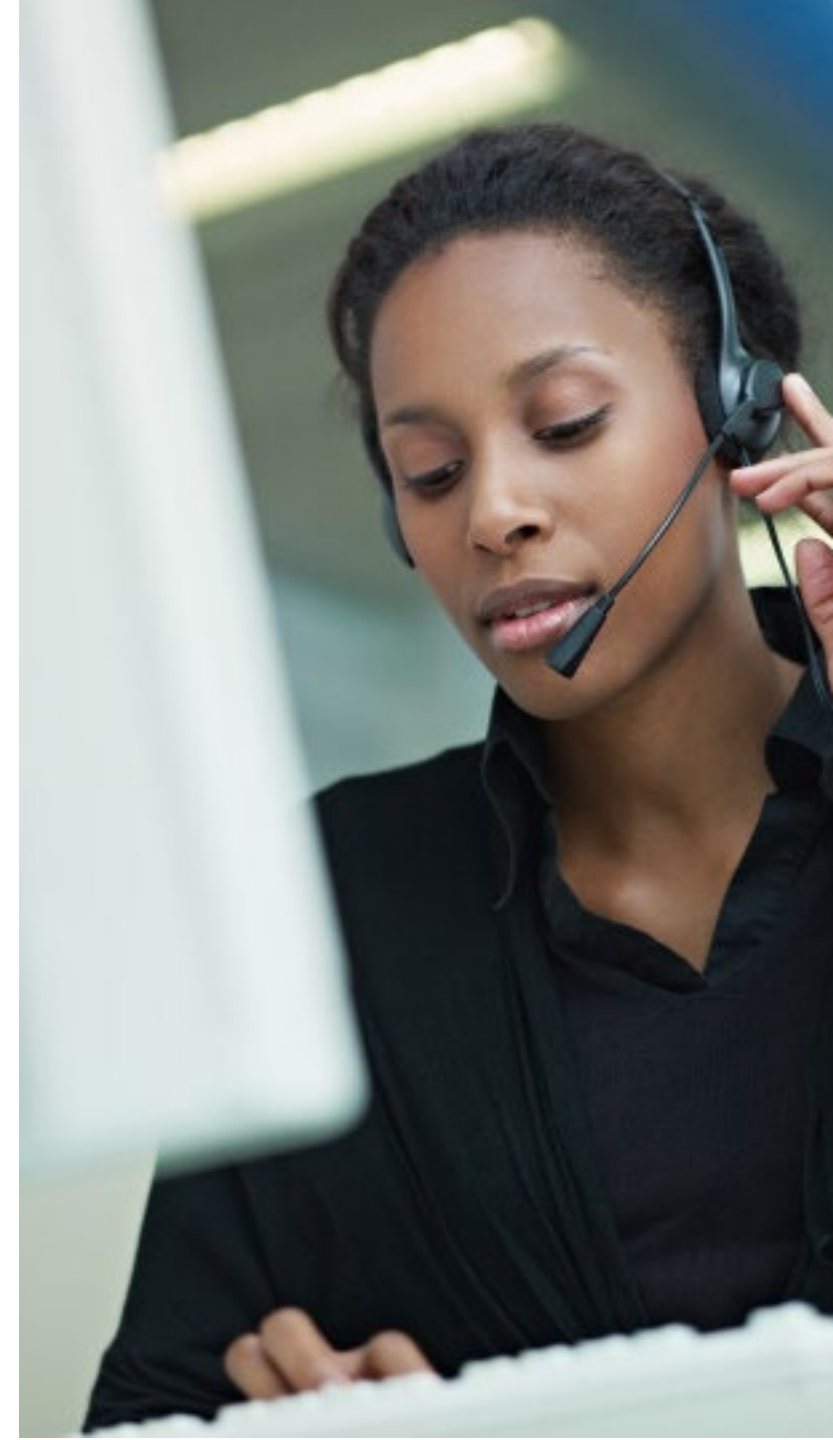


# MSP Scenario 3

- Beneficiary:
  - Working aged
  - EGHP primary
- Provider:
  - OP FQHC 1/5/2025
  - Medicare-covered charges (qualifying visit and any incident to) = \$150
  - “G” HCPCS code amount = \$250
  - Billed EGHP (contract = yes) for \$150 only (not for “G” code or amount)
- EGHP:
  - Paid = \$120 on 1/15/2025
    - Allowed = \$150 but applied deductible = \$30

# MSP Scenario 3 – CAGC/CARC Coding

- Page 01 (MAP1711)
  - MSP VC 12 = \$120
  - VC 44 = \$150
- Page 03 (MAP171)
  - Paid date = 011525
  - Paid amount = \$120
- CAGCs/CARCs and amounts:
  - CO97 = \$250
  - PR1 = \$30





# MSP Claim Examples – Help Code These Claims

# Assumptions for Claim Examples

- Beneficiaries
  - Have Medicare Parts A and B
  - Have not met annual Medicare Part B deductible
- Providers
  - Ensured matching MSP record(s) in CWF for each claim
  - Followed Medicare's usual claim filing guidelines
  - Reported all usual billing codes, MSP billing codes, CAGCs/CARCs and amounts except for certain coding they need your help with...

# MSP Claim Example 1

Item	Information
Contract/law	No
Beneficiary	Ms. A (Age 69)
Services	OP
DOS	1/2/2025
DOA	1/1/2025 (fall in friend's home)
Medicare-covered charges	\$1,500
Primary payer	Medical-payment insurance (Homeowner's = ABC Co.), no liability
Primary payer paid	\$1,500

# MSP Claim Example 1 – Coding

Code(s)	Information
CCs	77
OCs and Dates	<b>HELP CODE THIS CLAIM</b>
MSP VC	14
MSP VC Amount	\$1,500
VC 44?	No
VC 44 Amount?	N/A

# Question 1

- Select claim coding for MSP claim example 1
  - A. OC 01 and 1/2/2025
  - B. OC 01 and 1/1/2025
  - C. OC 02 and 1/2/2025
  - D. OC 03 and 1/1/2025

# MSP Claim Example 2

Item	Information
Contract/law	No
Beneficiary	Mrs. B (Age 70)
Services	OP
DOS	2/11/2024
DOA	2/10/2024 (fall in store)
Medicare-covered charges	\$1,200
Primary payer	No medical-payment insurance, Liability (Responsible Insurance Co.)
Primary payer paid	\$1,200



# MSP Claim Example 2 – Coding

Code(s)	Information
CCs	77
OCs and Dates	<b>HELP CODE THIS CLAIM</b>
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	\$1,200
VC 44?	No
VC 44 Amount?	N/A

# Question 2

- Select claim coding for MSP claim example 2
  - A. OC 01 and 2/10/2024 and MSP VC 47
  - B. OC 02 and 2/10/2024 and MSP VC 14
  - C. OC 03 and 2/10/2024 and MSP VC 14
  - D. OC 03 and 2/10/2024 and MSP VC 47

# MSP Claim Example 3

Item	Information
Contract/law	Yes
Beneficiary	Mrs. C (Age 62)
Services	IP Hospital
DOS	11/2/2024 – 12/25/2024
DOA	11/2/2024 (insured at work)
Medicare-covered charges	\$15,000
Primary payer	WC (Happy Co.), no EGHP
Primary payer paid	\$15,000

# MSP Claim Example 3 – Coding

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

# Question 3

- Select claim coding for MSP claim example 3
  - A. OC 02 and 11/2/2024 and MSP VC 15
  - B. OC 03 and 11/2/2024 and MSP VC 14
  - C. OC 04 and 11/2/2024 and MSP VC 15
  - D. OC 04 and 11/2/2024 and MSP VC 12

# MSP Claim Example 3

## Note

- If provider in this example were a SNF rather than a hospital
  - SNF would submit two MSP claims
    - 11/2 – 11/30
    - 12/1 – 12/25 (discharged)



# MSP Claim Example 4

Item	Information
Contract/law	No
Beneficiary	Mrs. D (Age 40)
Services	OP
DOS	1/1/2025
DOA	12/31/2024 (Auto accident in auto no-fault state)
Medicare-covered charges	\$140
Primary payer	No-fault insurance (Drive Safe Co.), no liability
Primary payer paid	\$140

# MSP Claim Example 4 – Coding

Code(s)	Information
CCs	77
OCs and Dates	<b>HELP CODE THIS CLAIM</b>
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	\$140
VC 44?	No
VC 44 Amount?	N/A

# Question 4

- Select claim coding for MSP claim example 4
  - A. OC 01 and 12/31/2024 and MSP VC 14
  - B. OC 02 and 12/31/2024 and MSP VC 14
  - C. OC 02 and 12/31/2024 and MSP VC 47
  - D. OC 03 and 12/31/2024 and MSP VC 14

# MSP Claim Example 5

Item	Information
Contract/law	Yes
Beneficiary	Mrs. E (Age 66)
Services	Home health
DOS	11/1/2024 – 12/31/2024
Medicare-covered charges	\$6,000
Primary payer	EGHP (Blue Care), her employer (25 employees)
Primary payer paid	\$4,500 (\$500 deductible)
Expected amount	\$5,000

# MSP Claim Example 5 – Coding

Code(s)	Information
CCs	None
OCs and Dates	None
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	<b>HELP CODE THIS CLAIM</b>
VC 44?	Yes
VC 44 Amount?	<b>HELP CODE THIS CLAIM</b>
NOA	Submitted as Medicare primary

# Question 5

- Select claim coding for MSP claim example 5
  - A. MSP VC 12 and \$4,500 and VC 44 and \$5,000
  - B. MSP VC 12 and \$4,500 and VC 44 and \$500
  - C. MSP VC 12 and \$5,000 and VC 44 and \$6,000
  - D. MSP VC 43 and \$4,500 and VC 44 and \$5,000



# MSP Claim Example 6

Item	Information
Contract/law	Yes
Beneficiary	Mr. F (Age 50)
Services	Hospice
DOS	12/1/2024 – 12/31/2024
Medicare-covered charges	\$50,000
Primary payer	LGHP (Aetna Co.), spouse's employer (130 employees)
Primary payer paid	\$43,000 (\$2,000 deductible and coinsurance)
Expected amount	\$45,000

# MSP Claim Example 6 – Coding

Code(s)	Information
CCs	None
OCs and Dates	None
MSP VC	<b>HELP CODE THIS CLAIM</b>
MSP VC Amount	<b>HELP CODE THIS CLAIM</b>
VC 44?	Yes
VC 44 Amount?	<b>HELP CODE THIS CLAIM</b>
NOE	Submitted as Medicare primary

# Question 6

- Select claim coding for MSP claim example 6
  - A. MSP VC 43 and \$45,000 and VC 44 and \$50,000
  - B. MSP VC 43 and \$50,000 and VC 44 and \$45,000
  - C. MSP VC 43 and \$43,000 and VC 44 and \$45,000
  - D. MSP VC 12 and \$43,500 and VC 44 and \$50,000

# MSP Claim Example 7

Item	Information
Contract/law	Yes
Beneficiary	Mr. G (Age 32, entitled due to ESRD on 1/1/2024)
Services	OP
DOS	1/1/2024 – 1/31/2024
Medicare-covered charges	\$19,000
Primary payer	EGHP (Alliance Co.), parent's employer
Primary payer paid	\$13,000 (\$3,000 deductible and coinsurance)
Expected amount	\$16,000

# MSP Claim Example 7 – Coding

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

# Question 7

- Select claim coding for MSP claim example 7
  - A. CC 02 and OC 33 and 1/1/2024
  - B. CC 77 and OC 03 and 1/1/2024
  - C. CC 06 and OC 01 and 1/1/2024
  - D. CC 06 and OC 33 and 1/1/2024

# MSP Claim Example 8

Item	Information
Contract/law	Yes
Beneficiary	Mrs. H (Age 68)
Services	FQHC
DOS	1/7/2025
Medicare-covered charges	\$150 (qualifying visit and any incident to) and "G" code = \$200
Primary payer	EGHP (Regent Co.), her employer (32 employees)
Primary payer paid	\$120 (\$10 coinsurance) toward \$150 (qualifying visit and any incident to)
Expected amount	\$130



# MSP Claim Example 8 – Coding

Code(s)	Information
CCs	None
OCs and Dates	None
MSP VC	12
MSP VC Amount	\$120
VC 44?	Yes
VC 44 Amount?	<b>HELP CODE THIS CLAIM</b>

# Question 8

- Select VC 44 amount for MSP claim example 8
  - A. \$120
  - B. \$130
  - C. \$150
  - D. \$10

# 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](#)

# Resources

# CMS Resources

- [CMS IOM Publication 100-05, Medicare Secondary Payer Manual,](#)
  - [Chapter 3, all sections](#)
  - [Chapter 5, Section 40.7.5](#)
- [CMS Change Request 6426: Instructions on Utilizing 837 Institutional CAS Segments for Medicare Secondary Payer \(MSP\) Part A Claims](#)
- [CMS Change Request 8486: Instructions on Using the Claim Adjustment Segment \(CAS\) for Medicare Secondary Payer \(MSP\) Part A CMS-1450 Paper Claims, Direct Data Entry \(DDE\), and 837 Institutional Claims Transactions](#)

# NGS Resources

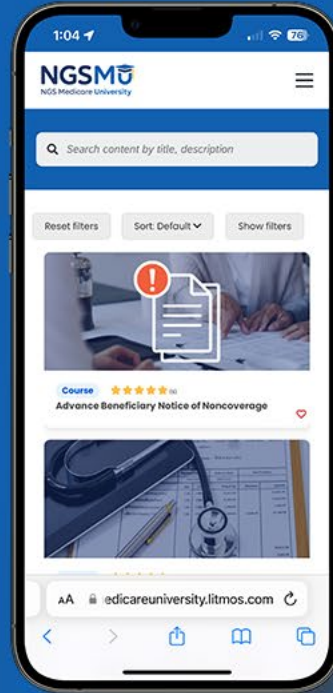
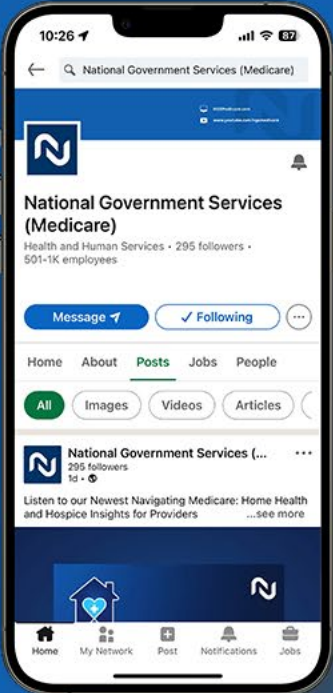
- [ASCA Requirements for Paper Claim Submissions](#)
- [Determine if Medicare Will Make MSP Payment](#)
- [Determine Beneficiary Responsibility on MSP Claim](#)
- [EDI Enrollment](#)
- [FISS DDE Provider Online Guide](#)
  - [Chapter V](#) (Claims/Attachments Submenu 02) for Claim Data Entry
- [Identify the Proper Order of Payers for a Beneficiary's Services](#)
- [Prepare and Submit a Medicare Secondary Payer Claim](#)

# External Resources

- [External code list](#)
- [NUBC's UB-04 Data Specifications Manual](#)



Connect with us on social media



[YouTube Channel](#)  
Educational Videos

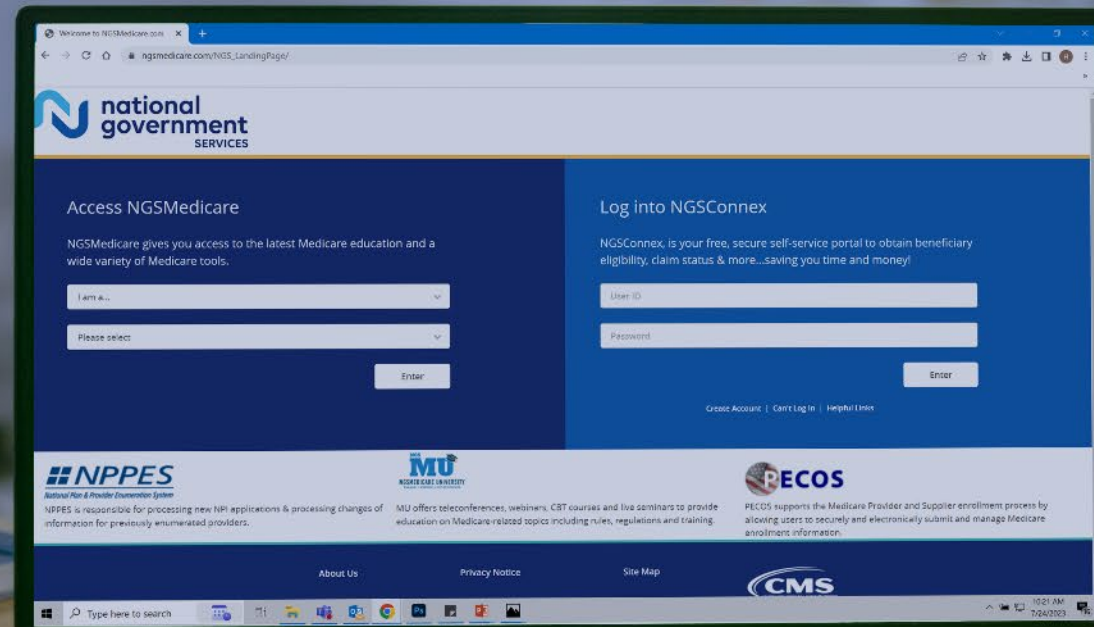


[Medicare University](#)  
Self-paced online learning



[LinkedIn](#)  
Educational Content

# Find us online



[www.NGS Medicare.com](http://www.NGS Medicare.com)

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news



# Questions?

Thank you!