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

2/27/2025

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# Objective

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

# Today's Presenters

- Provider Outreach and Education Consultants
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# Agenda

- Conditional Claims Part 1 Reminders
- Conditional Claim Examples
- Resources
- Questions

# Conditional Claims Part 1 Reminders

# Conditional 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
  - Conditional claims, valid reasons and promptly – defined
  - Preparing and submitting conditional claims

# Prepare and Submit Conditional Claims – Steps

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

# Background

- Before submitting conditional 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 that payer(s)
  - Conducted any necessary follow up with them
  - One of the following situations
    - Received response from primary payer indicating not paying your claim for valid reason
    - You have not received response from primary payer (accidents only) after waiting at least 120 days from billing them

# Determine if You Can Submit Conditional Claim

- You may submit conditional claim if
  - You billed primary GHP and/or non-GHP and
    - You received response
      - RA (835), EOB statement, letter, other documentation
        - Payment is zero
        - Reason(s) is provided (if not, contact them)
        - Reason is valid (if not, perhaps claim should be Medicare primary)
    - You did not receive response (non-GHPs only)
      - Promptly period of 120 days ended
      - You withdrew claim/lien with liability, if applicable

# Prepare Conditional Claim – Similar to MSP Claim

- Conditional claims look like MSP claims since primary payer reported as first payer and Medicare as second payer
- However, for conditional claims, report:
  - Primary payer's payment amount of zero with appropriate MSP VC
  - Two-digit code in Remarks to indicate reason primary payer did not pay
    - Refer to Conditional Billing Code Table under Remarks
  - OC 24 and date you learned primary payer not going to pay for claim (in all situations except when reporting code DA in Remarks)
  - Any other required coding, when applicable

# Prepare Conditional Claim – Complete Claim as Usual

### TOB

Report covered TOB; not noncovered

### Days/Charges

Report covered days/ charges; not noncovered

### Required Claim Coding

Report all Medicare-covered charges

### Correct Order of Payers

Report primary payer first; Medicare second or third, as applicable

# Prepare Conditional Claim – Follow Medicare Requirements

- Technical
  - Example: One-year timely filing
- Medical
  - Example: Clinical requirements and/or assessments
- Billing
  - Example: Frequency of billing for provider type (admit-discharge, every 30 days, every 60 days, etc.)
    - Do not “split bill” claim
      - If primary payer paid for portion of claim but not entire claim (for any reason), submit entire claim as MSP
      - If primary payer did not pay at all on entire claim, even if they were primary for only portion of claim, submit entire claim as conditional

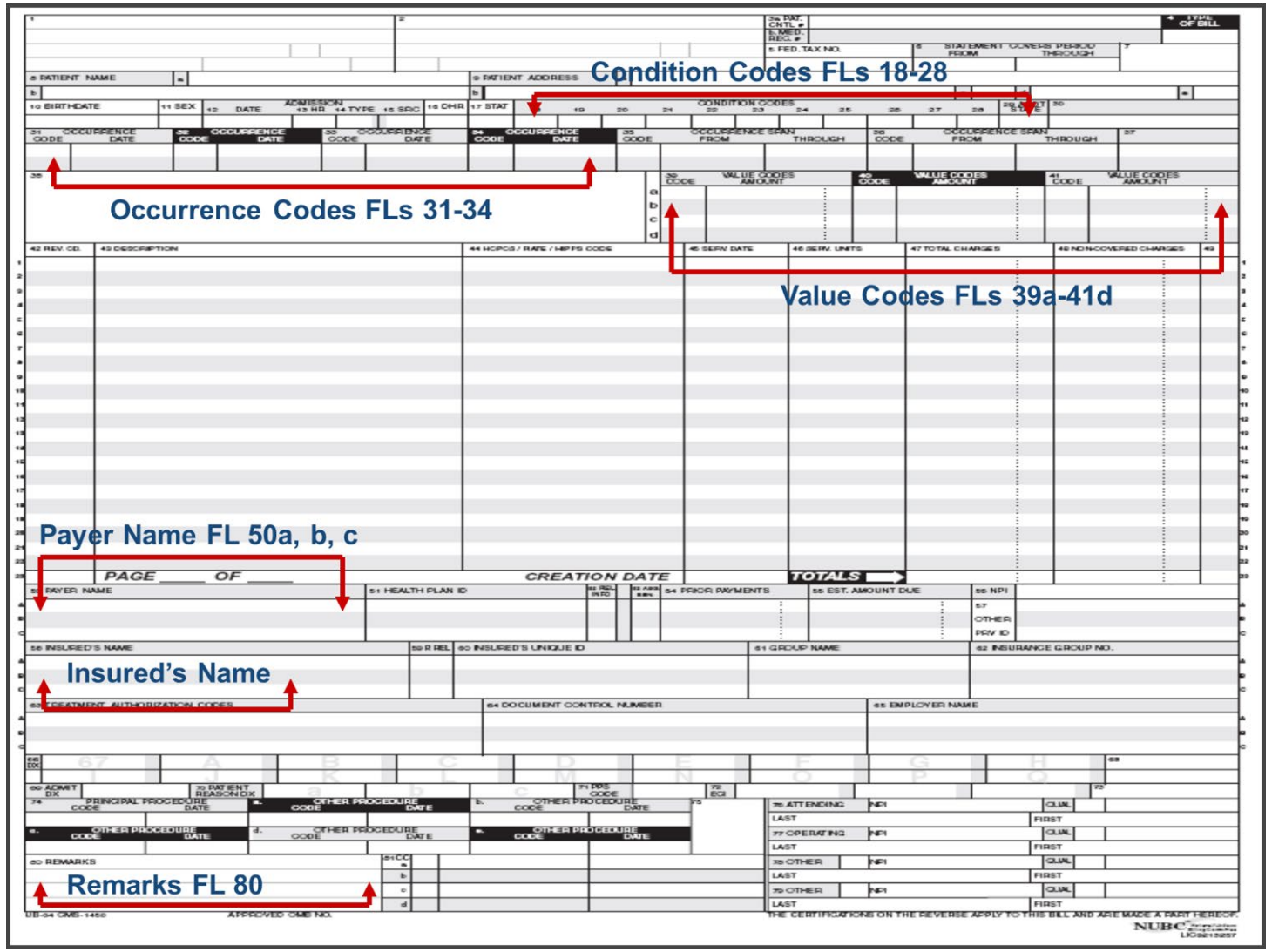
# Prepare Conditional Claim – Follow Medicare Requirements (continued)

- Billing
  - Hospice providers
    - Submit NOE as usual and as Medicare primary
    - Report MSP information on claim(s)
  - Home health providers
    - Submit NOA as usual and as Medicare primary
    - Report MSP information on claim(s)

# Prepare Conditional Claim – Use Conditional Billing Code Table

- Prepare and Submit an MSP Conditional Claim
  - Conditional Billing Code Table
    - Lists information for claim and three additional columns for claim submission options:
      - UB-04/CMS-1450 claim form FL (need ASCA waiver)
      - 837I claim fields (loops/segments)
      - FISS DDE Claim Entry page number
  - When billing, use current NUBC codes:
    - NUBC members access billing codes from NUBC's UB-04 Data Specifications Manual

# UB-04/CMS-1450 Claim Form



# Conditional Billing Code Table

- Report applicable MSP billing codes:

| 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 |
| Primary Insurer Name | 50 A, B, C | 2320.SBR04 | 03 |

# Conditional Billing Code Table (continued)

| Information | UB-04/CMS-1450 FLs | 837I Fields | FISS DDE Page |
|---|---|---|---|
| Insured's Name | 58 A, B, C | 2330A.NM104 | 05 |
| Patient's Relationship to Insured | 59 A, B, C | 2320.SBR02 | 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 & Remarks Codes | 80 (Remarks) | 2300.NTE | 04 (Remarks) 06 (Address) |

# Conditional Billing Codes

- Refer to **Conditional Billing Code Table handout**
  - **VC for MSP provision**: 12, 13, 14, 15, 16, 41, 43 or 47 and $0
  - **CCs**: 02 or 06
  - **OCs and date**:
    - 01, 02, 03, 04, or 33
    - 24 and date of primary payer's notice (RA, EOB, letter) explaining why they did not pay (required except when reporting code DA in Remarks)
  - **Primary payer code**: C if entering claim in FISS DDE
  - **Patient's relationship to insured**: 01, 18, 19, 20, 21, 53, or G8
  - **Insurance address**: Remarks (second line) or page 6 in FISS DDE
  - **Reason primary payer did not pay**: Two-digit code of BE, CD, DA, DP, FG, LD, NB, PC, PE, or PP in Remarks (first line)

# Prepare Conditional Claim – Report Primary Payer Adjustment Reasons and Amounts

- Also known as CAS information
  - Locate on primary payer's RA
- Required when primary payer adjusts billed charges
  - CAGC(s): Identifies general category of those payment adjustments
  - CARC(s): Explains why primary payer paid differently than billed
  - References: External code list, CR6426 and CR8486
- To report on claims:
  - For hardcopy UB-04/CMS-1450 claims, attach RA
  - For 837I claims, report in appropriate loops/segments
  - For FISS DDE claims, report in MAP1719

# CAGCs

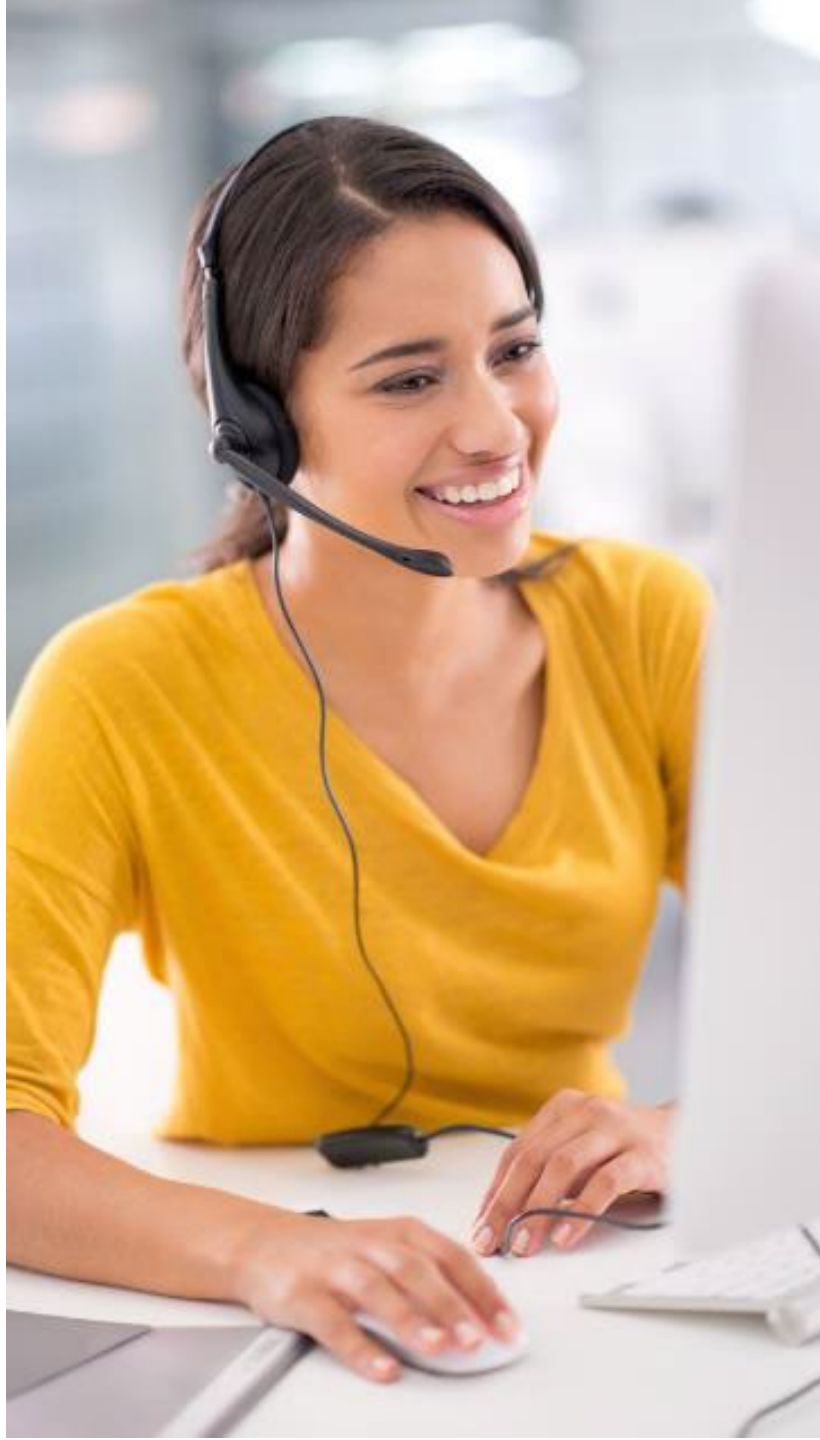
- CAGC options:
  - **CO** = Contractual Obligations
  - **OA** = Other Adjustments
  - **PI** = Payer-initiated Reductions
  - **PR** = Patient Responsibility

# CARCs

- CARC options include but are not limited to:
  - **1** = Deductible amount
  - **2** = Coinsurance amount
  - **27** = Expenses incurred after coverage terminated
  - **45** = Charges exceeded fee schedule or maximum allowable amount
  - **96** = Noncovered charges
  - **119** =Benefit maximum reached for period or occurrence
  - **192** = Nonstandard adjustment code from paper RA
    - May be only option when billing conditionally because primary non-GHP does not pay within 120-day promptly period

# Did You Know...

- If there was no MSP record in CWF, the submission of your conditional claim will set up an MSP record in the CWF
  - Set Up Beneficiary's MSP Record



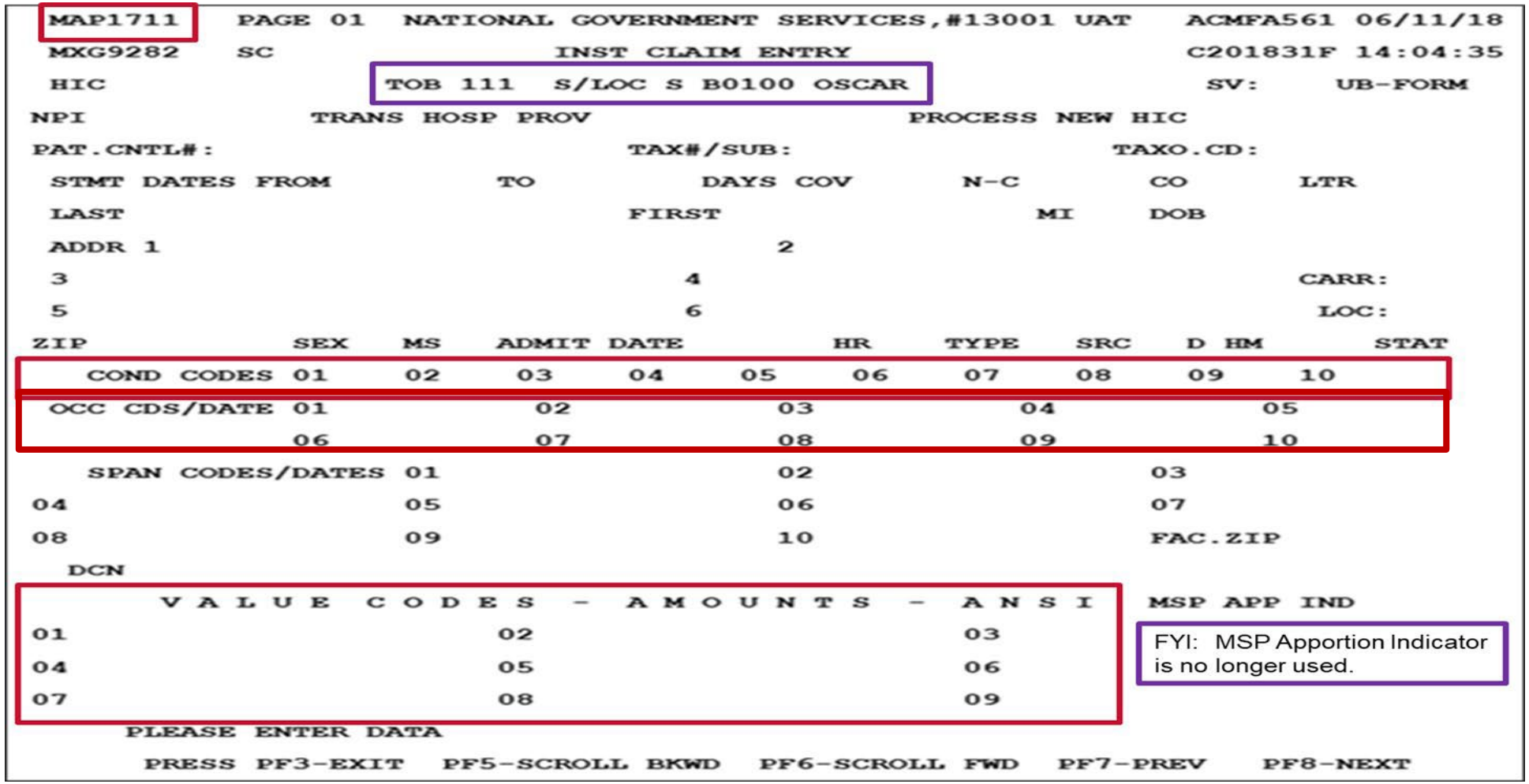
# FISS DDE Reminders

- 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 & 66-79: Payer, diagnosis and procedure codes, 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
        V A L U E  C O D E S  -  A M O U N T S  -  A N S 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

```
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
```

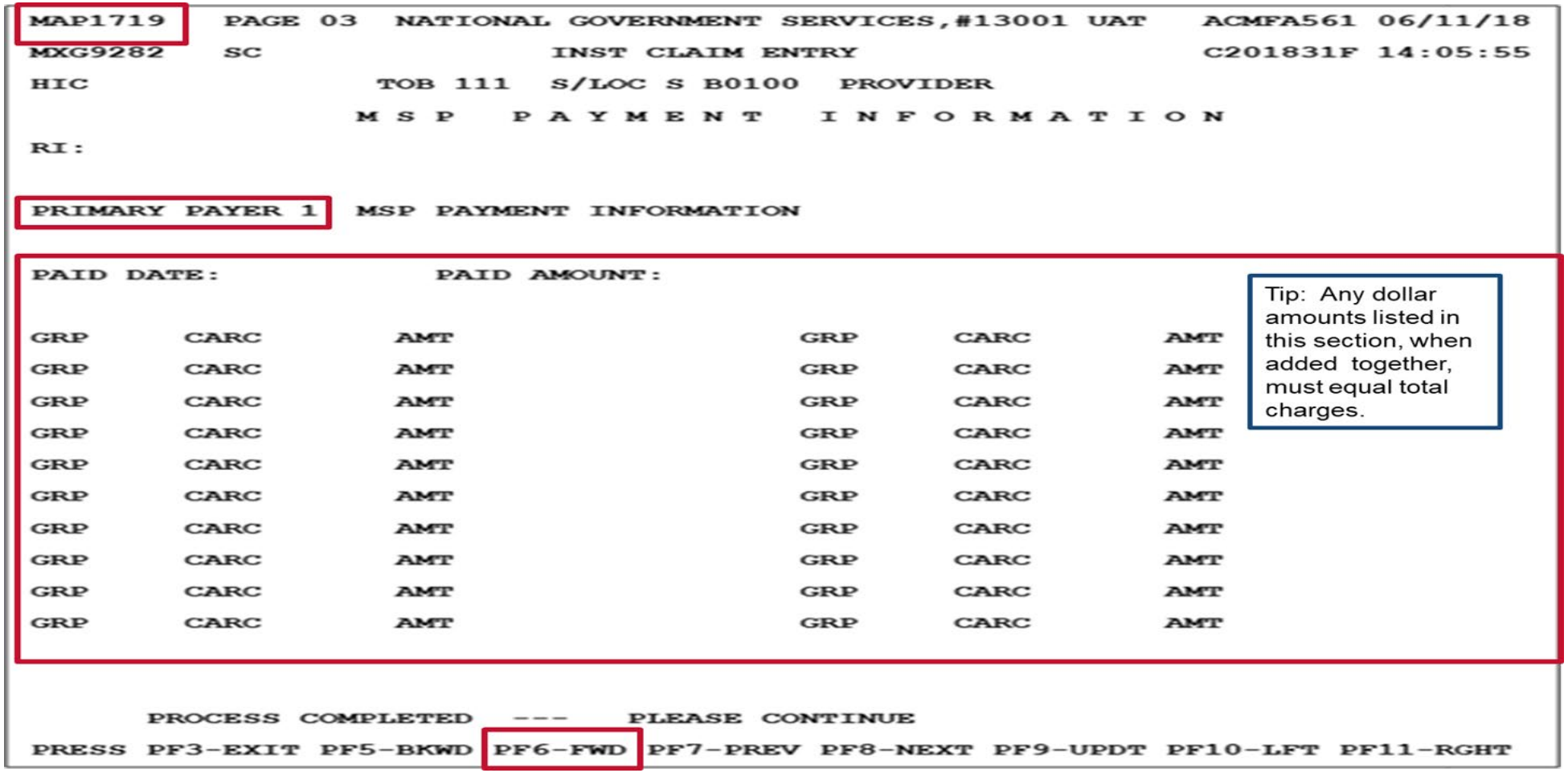
# Page 03 – MAP1713

```
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 (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; for **conditional claims = $0**
      - Paid amount must = MSP VC amount (both $0) and
      - Charges – CAGC/CARC amounts must = paid amount of $0
    - **GRP**: CAGC(s)
    - **CARC**: CARC(s)
    - **AMT**: Dollar amount with each CAGC/CARC pair

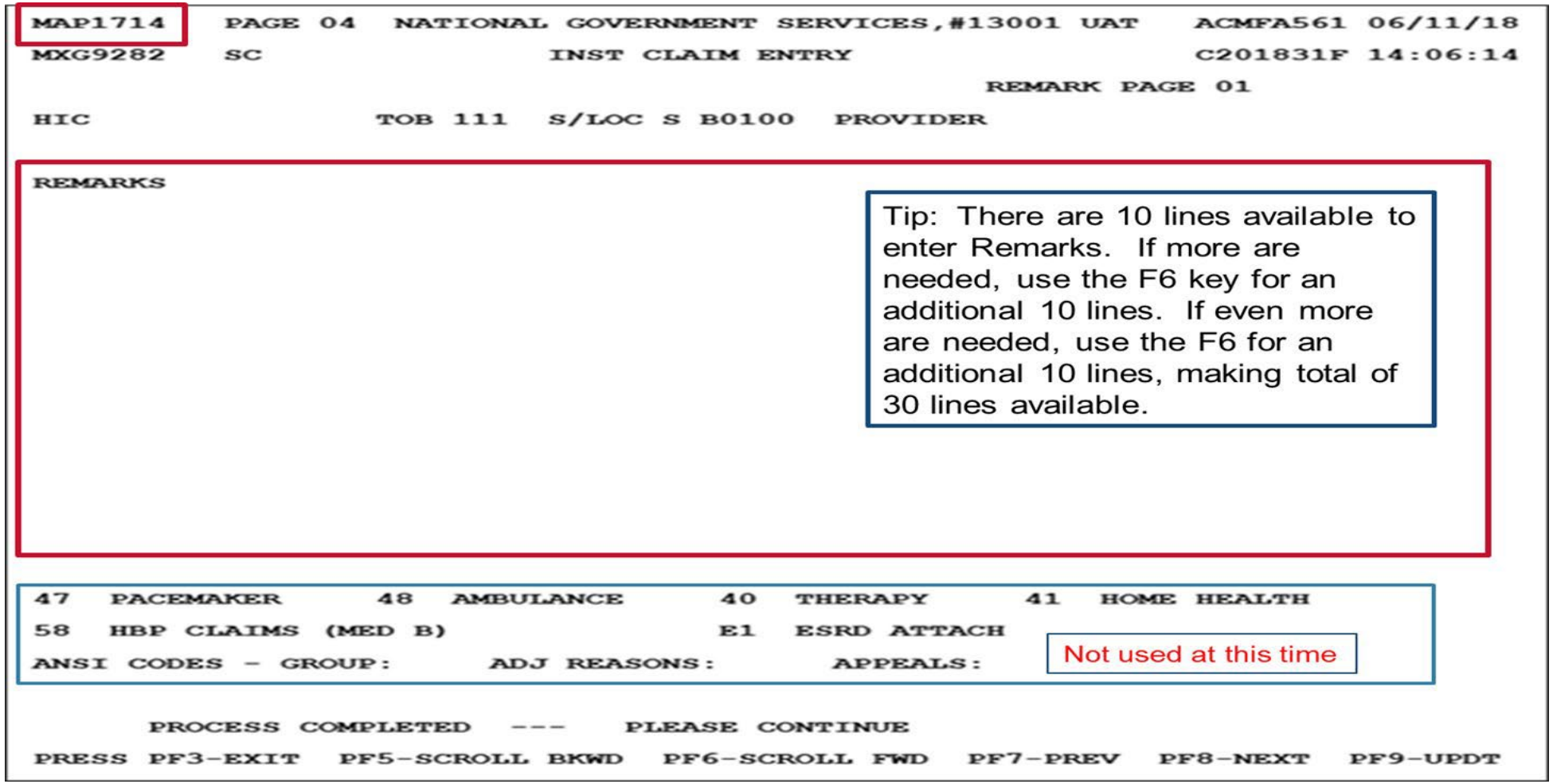
# Page 03 (Additional) – MAP1719 (continued)



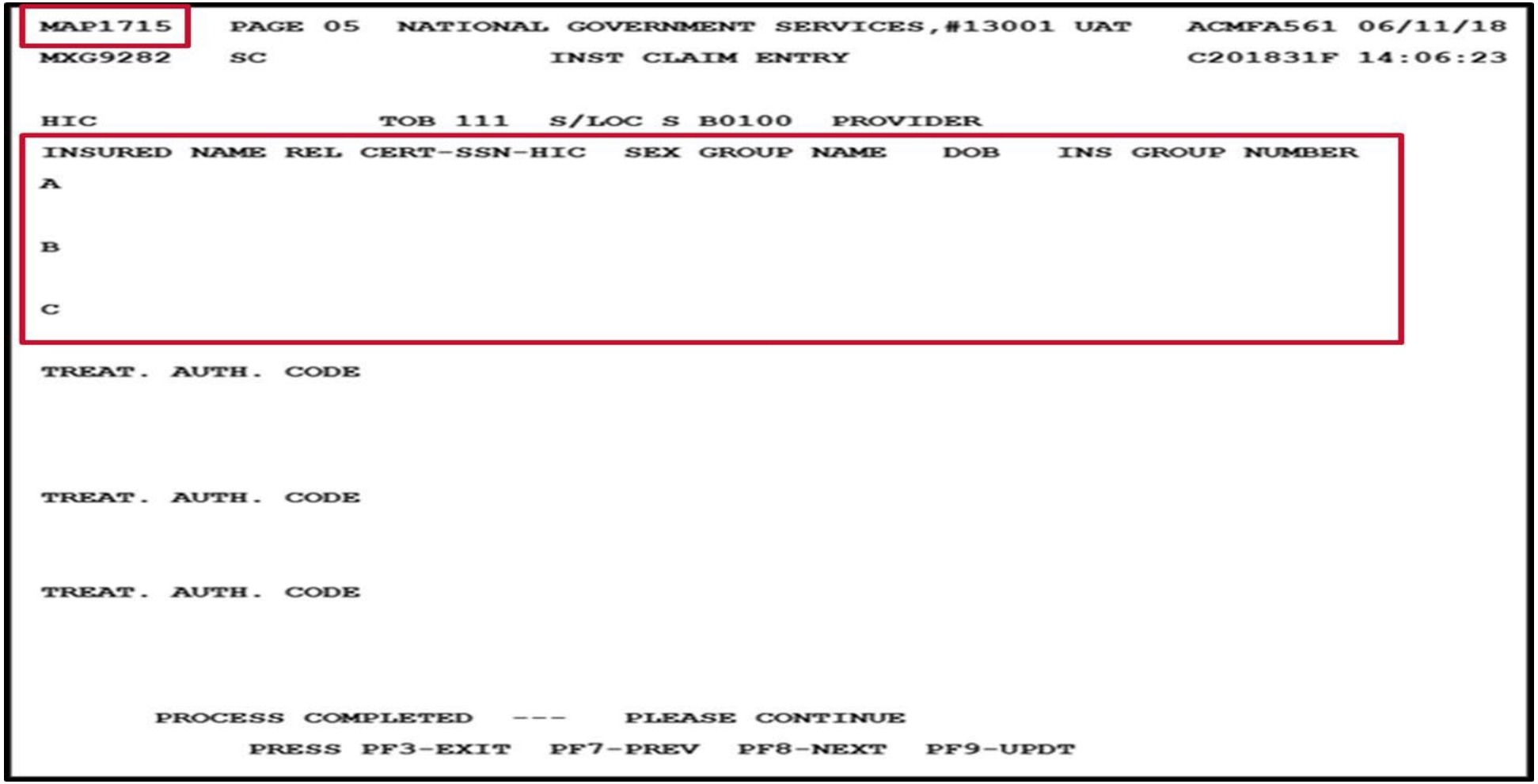
```
MAP1719    PAGE 03   NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 06/11/18
MXG9282    SC                  INST CLAIM ENTRY                 C201831F 14:05:55
HIC                 TOB 111   S/LOC S B0100   PROVIDER
                  M S P   P A Y M E N T   I N F O R M A T I O N
RI:

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

       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 04 – MAP1714



# Page 05 – MAP1715



# 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
```

# Scenario 1

- Beneficiary
  - Disabled with LGHP (Medicare primary 2/1/2024; LGHP terminated)
  - Received services at IP hospital 1/29/2024 – 3/2/2024
    - Part A deductible met
- Provider
  - Charges = $35,000 ($3,000 up to 1/31, $32,000 for 2/1 – 3/2)
  - Bills LGHP as primary
- LGHP (contract)
  - Allowed = $1,500 (of $3,000 for up to 1/31 but applied to patient deductible)
  - Paid $0 on 4/10/2024

# Scenario 1 – CAGC/CARC Coding

- Page 01 (MAP1711)
  - MSP VC 43 = $0
- Page 03 (MAP1719)
  - Paid date = 041024
  - Paid amount = $0
- CAGCs/CARCs and amounts:
  - CO45 = $1500
  - PR1 = $1500
  - PR27 = $32000

# Scenario 2

- Beneficiary
  - In auto accident on 3/1/2024 in traditional auto state (no No-Fault)
    - No auto med-pay available; however, beneficiary holds driver of other auto responsible and that driver has liability insurance
  - Receives OP services on 3/2/2024 related to accident
- Provider
  - Charges = $800, bills Liability insurance on 3/10/2024
    - No response within 120 days so chooses to submit conditional claim to Medicare
    - Withdraws claim with liability insurance
- Liability Insurance (no contract)
  - Received claim on 3/12/2024 but has not paid provider

# Scenario 2 – CAGC/CARC Coding

- Page 01 (MAP1711)
  - MSP VC 47 = $0
- Page 03 (MAP1719)
  - Paid date = 071024
    - Estimated 120-day date from 3/10
  - Paid amount = $0
- CAGCs/CARCs and amounts:
  - PR192 = $800

# Conditional 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, conditional billing codes, CAGCs/CARCs and amounts except for certain coding they need your help with…
  - Submitted conditional claim to us

# Conditional Claim Example 1

| Item | Information |
|---|---|
| Contract/law | Yes |
| Beneficiary | Mr. A (age 69, working) |
| Services | OP |
| DOS | 12/10/2024 |
| Medicare-covered charges | $600 |
| Expected amount | $450 |
| Primary payer | EGHP through employer with 28 employees |
| Primary payer paid | $0 (Per EOB dated 1/26/2025, $450 applied to deductible) |

# Conditional Claim Example 1 – Coding

| Code(s) | Information |
|---|---|
| CCs | None |
| OC 24 needed? | Yes |
| If yes, with what date? | **Help select date** |
| Any other OCs/dates? | No |
| MSP VC and amount? | 12 and $0 |
| Two-digit code in Remarks? | **Help select code** |
| Does code require date? | No |
| If yes, what date? | N/A |

# Question 1

- For this example, what date is required with OC 24 and which code is required in Remarks?
  A. OC 24 and 12/10/2024 & NB
  B. OC 24 and 12/10/2024 & CD
  C. OC 24 and 1/26/2025 & NB
  D. OC 24 and 1/26/2025 & CD

# Conditional Claim Example 2

| Item | Information |
|---|---|
| Contract/law | No |
| Beneficiary | Mrs. B (age 70, retired) |
| Services | IP hospital (submits admit to discharge) |
| DOS | 5/10/2024–5/13/2024 |
| DOA | 5/9/2024 (fall in grocery store) |
| Medicare-covered charges | $29,000 |
| Primary payer | No med-pay; Liability coverage (provider billed Liability 5/16/2024) |
| Primary payer paid | $0 (no response within 120 days); provider withdrew claim with Liability) |

# Conditional Claim Example 2 – Coding

| Code(s) | Information |
|---|---|
| CCs | None |
| OC 24 needed? | No |
| If yes, with what date? | N/A |
| Any other OCs/dates? | 03 and 5/9/2024 |
| MSP VC and amount? | **Help select code** and $0 |
| Two-digit code in Remarks? | DA |
| Does code require date? | Yes |
| If yes, what date? | **Help select date** |

# Question 2

- For this example, which MSP VC is required and which date is required in Remarks with code DA?
  A. VC 14 & DA and 5/16/2024
  B. VC 14 & DA and 5/9/2024
  C. VC 47 & DA and 5/16/2024
  D. VC 47 & DA and 5/9/2024

# Conditional Claim Example 3

| Item | Information |
|---|---|
| Contract/law | No |
| Beneficiary | Ms. C (age 35 with ESRD; coordination period began 11/1/2024) |
| Services | Home health (submits 60 days); submitted NOA as required |
| DOS | 12/1/2024–1/31/2025 |
| Medicare-covered charges | $4,000 |
| Primary payer | EGHP through mother's employer |
| Primary payer paid | $0 (Per EOB dated 2/20/2025, provider out of EGHP's network) |

# Conditional Claim Example 3 – Coding

| Code(s) | Information |
|---|---|
| CCs | 06 |
| OC 24 needed? | Yes |
| If so, with what date? | **Help select date** |
| Any other OCs/dates? | 33 and 11/1/2024 |
| MSP VC and amount | 13 and $0 |
| Two-digit code in Remarks? | **Help select code** |
| Does code require date? | No |
| If so, what date? | N/A |

# Question 3

- For this example, what date is required with OC 24 and which code is required in Remarks?
  A. OC 24 and 1/31/2025 & FG “out of network”
  B. OC 24 and 2/20/2025 & FG “out of network”
  C. OC 24 and 1/31/2025 & NB
  D. OC 24 and 2/20/2025 & NB

# Conditional Claim Example 4

| Item | Information |
|---|---|
| Contract/law | Yes |
| Beneficiary | Mrs. D (age 66, retired but spouse working) |
| Services | Hospice (submits monthly); submitted NOE as required |
| DOS | 11/2/2024–11/29/2024 |
| Medicare-covered charges | $5,500 |
| Expected | $5,000 |
| Primary payer | EGHP through spouse's employer (68 employees) |
| Primary payer paid | $0 (Per EOB dated 12/24/2024, hospice services not covered benefit) |

# Conditional Claim Example 4 – Coding

| Code(s) | Information |
|---|---|
| CCs | None |
| OC 24 needed? | Yes |
| If so, with what date? | 12/24/2024 |
| Any other OCs/dates? | None |
| MSP VC and amount | **Help select code** and $0 |
| Two-digit code in Remarks? | **Help select code** |
| Does code require date? | No |
| If so, what date? | N/A |

# Question 4

- For this example, which MSP VC is required and which code is required in Remarks?
  A. VC 12 & NB
  B. VC 43 & NB
  C. VC 12 & CD
  D. VC 43 & CD

# Conditional Claim Example 5

| Item | Information |
|---|---|
| Contract/law | Yes |
| Beneficiary | Mr. E (age 53, working) |
| Services | IP SNF (submit monthly claims) |
| DOS | 11/1/2024–12/13/2024 |
| Medicare-covered charges | $155,000 |
| Expected | $150,000 |
| Primary payer | LGHP through employer with 113 employees |
| Primary payer paid | $100,000 up to 11/25/2024 (SNF days exhausted) per EOB dated 1/1/2025 |

# Did You Know…

- For conditional claim example 5, SNF must submit two claims
  - MSP claim 11/1/2024–11/30/2024 and
  - Conditional claim 12/1/2024–12/13/2024

# Conditional Claim Example 5 – Coding

| Code(s) | Information |
|---|---|
| CCs | None |
| OC 24 needed? | Yes |
| If so, with what date? | 1/1/2025 |
| Any other OCs/dates? | None |
| MSP VC and amount | 43 and $0 |
| Two-digit code in Remarks? | **Help select code** |
| Does code require date? | Yes |
| If so, what date? | **Help select date** |

# Question 5

- For this example, which code and date is required in Remarks?
  A. BE and 11/25/2024
  B. BE and 1/1/2025
  C. PE and 11/25/2024
  D. PE and 1/1/2025

# Conditional Claim Example 6

| Item | Information |
|---|---|
| Contract/law | No |
| Beneficiary | Mrs. F (age 81, retired) |
| Services | OP |
| DOS | 12/30/2024 |
| DOA | 12/9/2024 (**not** auto no-fault state) |
| Medicare-covered charges | $250 |
| Primary payer | Auto med-pay; no Liability (provider billed med-pay 1/15/2024) |
| Primary payer paid | $0 (per EOB dated 2/10/2025, benefits exhausted 1/13/2025 after this DOS) |

# Conditional Claim Example 6 – Coding

| Code(s) | Information |
|---|---|
| CCs | None |
| OC 24 needed? | Yes |
| If yes, with what date? | 2/10/2025 |
| Any other OCs/dates? | **Help select code and date** |
| MSP VC and amount? | 14 and $0 |
| Two-digit code in Remarks? | **Help select code** |
| Does code require date? | Yes |
| If yes, what date? | **Help code date** |

# Question 6

- For this example, which OC and date is required and which code/date is required in Remarks?
  A. OC 01 and 12/30/2024 & BE and 02/10/2025
  B. OC 01 and 12/09/2024 & BE and 01/13/2025
  C. OC 02 and 12/30/2024 & BE and 02/10/2025
  D. OC 02 and 12/09/2024 & PE and 01/13/2025

# Conditional Claim Example 7

| Item | Information |
|---|---|
| Contract/law | No |
| Beneficiary | Mr. G (age 75, retired) |
| Services | OP |
| DOS | 2/3/2025 |
| DOA | 12/15/2024 (auto no-fault state) |
| Medicare-covered charges | $550 |
| Primary payer | Auto no-fault; no Liability coverage (provider billed no-fault 2/17/2025) |
| Primary payer paid | $0 (per EOB dated 2/25/2025, benefits exhausted 2/4/2025 after this DOS) |

# Conditional Claim Example 7 – Coding

| Code(s) | Information |
|---|---|
| CCs | None |
| OC 24 needed? | Yes |
| If yes, with what date? | 2/25/2025 |
| Any other OCs/dates? | **Help select code and date** |
| MSP VC and amount? | 14 and $0 |
| Two-digit code in Remarks? | **Help select code** |
| Does code require date? | Yes |
| If yes, what date? | **Help select date** |

# Question 7

- For this example, which OC and date is required, and which code/date is required in Remarks?
  A. 01 and 12/15/2024 & PE and 2/4/2025
  B. 01 and 2/3/2025 & BE and 2/4/2025
  C. 02 and 12/15/2024 & PE and 2/4/2025
  D. 02 and 2/3/2025 & PE and 2/25/2025

# Conditional Claim Example 8

| Item | Information |
|---|---|
| Contract/law | Yes |
| Beneficiary | Mrs. H (age 68, retired 12/1/2024) |
| Services | IP Hospital (submits admit to discharge) |
| DOS | 11/1/2024–12/13/2024 |
| Medicare-covered charges | $160,000 |
| Expected amount | $150,000 |
| Primary payer | EGHP through employer with 61 employees |
| Primary payer paid | $0 (Care through 11/30/2024 per EOB dated 1/11/2025 not covered benefit. Medicare primary 12/1/2024 per retirement. Care covered by Medicare.) |

# Question 8

- For this example, what claim(s) must the hospital submit?
  A. Two claims; one conditional claim from 11/1/2024 to 11/30/2024 and one Medicare primary claim from 12/1/2024 to 12/13/2024
  B. One conditional claim from 11/1/2024 to 12/13/2024
  C. One Medicare primary claim from 11/1/2024 to 12/13/2024
  D. One MSP claim from 11/1/2024 to 12/13/2024

# 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

# Resources

# CMS Resources

- CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*
  - Chapter 1 General MSP Overview
  - Chapter 2 MSP Provisions
  - Chapter 3 MSP Provider, Physician and Supplier Billing Requirements
  - Chapter 5 Contractor MSP Claims Prepayment Processing Requirements
  - Chapter 6 Medicare Secondary Payer CWF Process
  - Chapter 7 MSP Recovery

# CMS Resources (continued)

- CMS Change Request 6426: Instructions on Utilizing 837 Institutional CAS Segments for MSP Part A Claims
- CMS Change Request 7355: Clarification of Medicare Conditional Payment Policy and Billing Procedures for Liability, No-Fault and Workers' Compensation MSP Claims
- CMS Change Request 8486: Instructions on Using the CAS for MSP Part A CMS-1450 Paper Claims, DDE, and 837 Institutional Claims Transactions
- Medicare Secondary Payer: Don't Deny Services and Bill Correctly

# NGS Resources

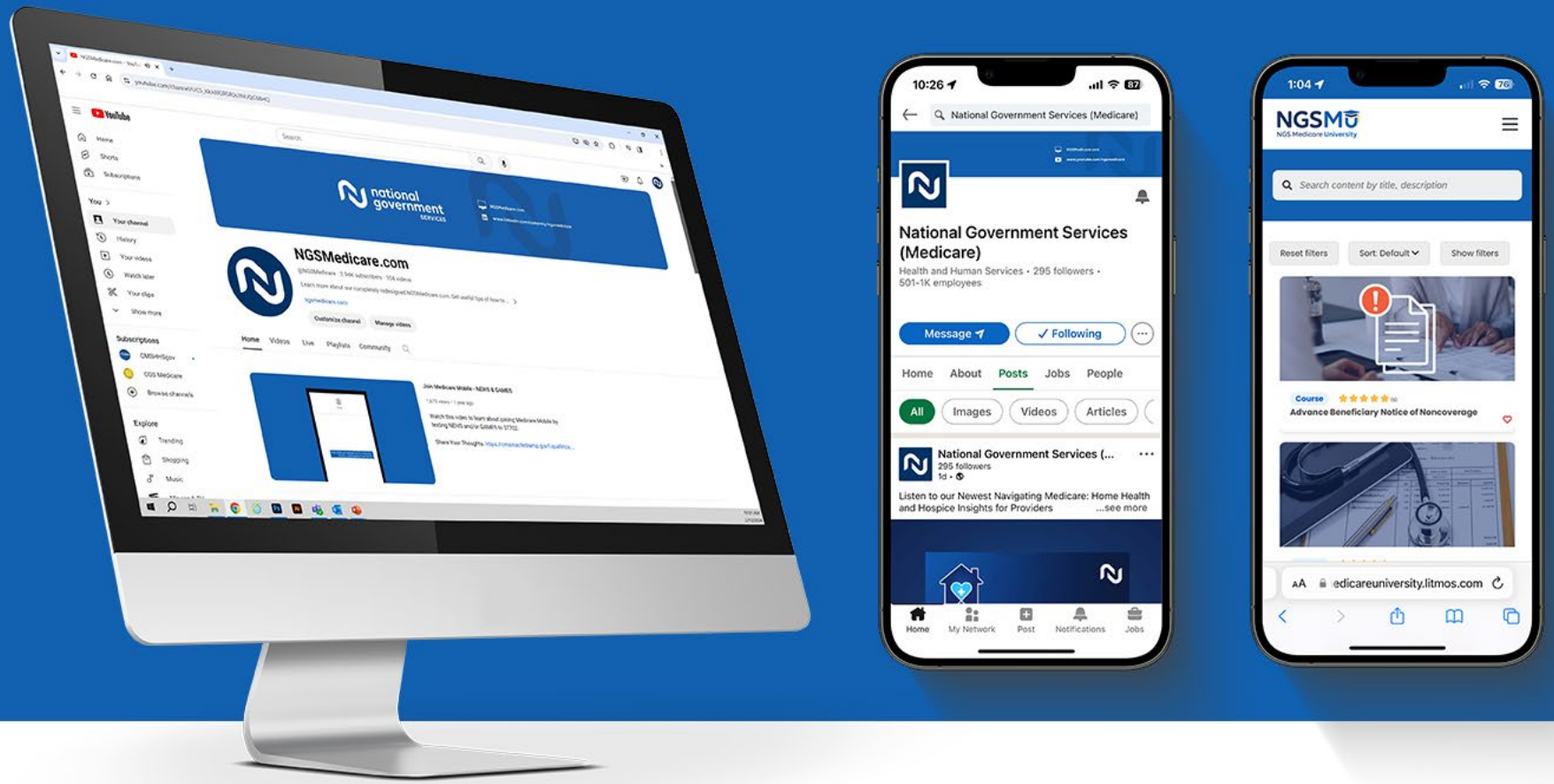
- ASCA Requirements for Paper Claim Submissions
- EDI Enrollment
- *FISS DDE Provider Online Guide*
  - Chapter V (Claims/Attachments Submenu 02) for Claim Data Entry
- Identify the Proper Order of Payers for a Beneficiary's Services
- Prepare and Submit a Medicare Secondary Payer Claim
- Prepare and Submit an MSP Conditional Claim

# Other Resources

- External code list
- *NUBC's UB-04 Data Specifications Manual*
- How Medicare Works With Other Insurance

# Questions?

Thank you!







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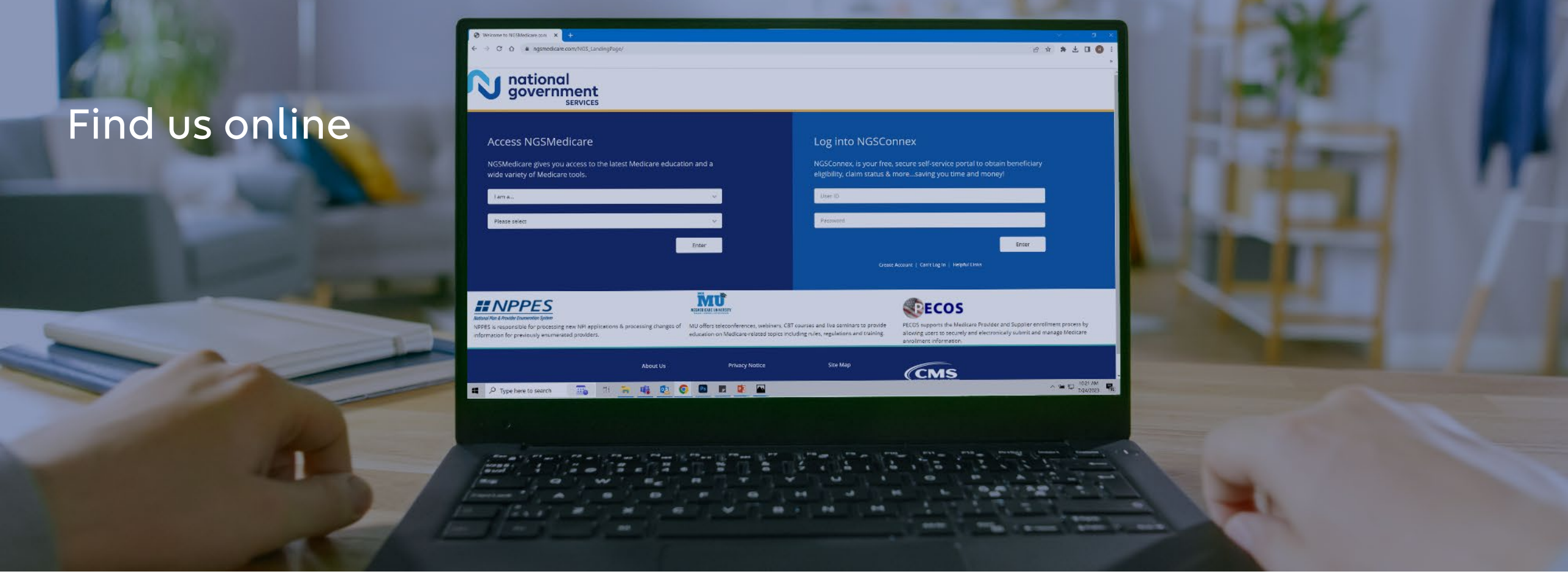


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