

Submitting Part B Medicare Secondary Payer Claims With Correct Insurance Type Codes

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Today's Presenters

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Objective

After this session, attendees will be more familiar with applying the Medicare secondary payer insurance type codes when submitting MSP claims electronically



Agenda

- [First Steps](#)
- [Provisions](#)
- [Insurance Type Codes](#)
- [Electronic Loops and Fields](#)
- [NGSConnex Beneficiary Eligibility](#)

First Steps

Provider Responsibilities

- Provider enrollment agreement
 - Determine whether Medicare is primary or secondary payer for services rendered
 - Maintain system to identify any primary payer other than Medicare
 - Bill other payers before billing Medicare
 - Submit all MSP claims to Medicare
 - Even if primary payer made payment in full
- [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3](#)

Collect, Copy and Check Insurance Data and Documentation

- Collect Patient Information
- Verification of MSP Online Data and Use of Admission Questions
 - [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3](#), Section 20.2.1
- Check Medicare's Eligibility records via NGSConnex
 - [Need help: NGSConnex User Guide](#)

Medicare Claim Timely Filing

- Limit is one calendar year from date of service
 - Claims not submitted timely are provider-liable
 - Beneficiary cannot be charged
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 1, Section 70.7](#)
 - Administrative error
 - Retroactive Medicare entitlement, including when State Medicaid agencies involved
 - Retroactive disenrollment from Medicare Advantage Plan or PACE Provider Organization



Provisions

A person wearing a blue uniform is writing on a clipboard with a pen. The background is blurred, showing other people in a clinical or office setting.

MSP Provisions

- Group Health Plans
 - Working aged (12)
 - Disabled (43)
 - ESRD (13)
- Nongroup Health Plans
 - Workers' Compensation (15)
 - Automobile or no-fault insurance (14)
 - Liability (47)
- Not considered MSP
 - Federal Black Lung Program
 - Veterans Administration

Insurance Type Codes

GHP Insurance Type Codes

MSP Insurance Type Code	Category
12	Working Aged – Beneficiaries age 65 or older who are insured through their own or their spouse’s current employment. The beneficiary must be aged 65 or older. There must be at least 20 or more employees.
43	Disability – This coverage is for beneficiaries who are under age 65 and disabled. Insurance is based on their own current employment or through the current employment of a family member. There must be 100 or more employees
13	End Stage Renal Disease – This coverage is for beneficiaries enrolled with Medicare solely due to renal failure and are insured their own, or through a family member’s current or former employment. Medicare is secondary payer for the first 30 months. There is no age restriction on this type of coverage. The beneficiary may be under or over age 65.

NGHP Insurance Type Codes

MSP Insurance Type Code	Category
14	Automobile/no-fault/med pay – No-fault insurance that pays for medical expenses for injuries sustained from a motor vehicle accident or an accident on the premises of a covered entity.
15	Workers' compensation – This is insurance that employers are required to provide employees that become ill or injured on the job.
47	Liability – Insurance (including a self-insured plan) that provides payment based on the policyholder's alleged legal liability for injury, illness or damage to property. Some examples of this coverage could be auto liability, product liability, malpractice, and homeowner's coverage.

Electronic Loops and Fields

MSP Electronic Claim Requirements

- [NGS Website](#) > Claims and Appeals > Medicare Secondary Payer (MSP) > scroll to the bottom of the page under Related Content > [Medicare Secondary Payer Manual for Electronic Submitters/ANSI Specifications for 837P](#)

Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P

This document describes the required fields in relation to the ASC 5010X222A1 Technical Report Type 3 (TR3) for 837P. Use the information below to assist you and your software vendor report the appropriate Medicare Secondary Payer (MSP) information in the correct American National Standards Institute (ANSI) fields.

This document lists the required fields in relation to the Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3).

Required MSP Data

When billing MSP claims electronically include the following information for the claim to process and pay correctly:

- Indication of Medicare as the secondary payer
- Insurance Type
- Coordination of Benefits (COB) Payer Paid Amount – Claim Level
- Coordination of Benefits (COB) Allowed Amount – Claim Level
- Claim Contract Information (OTAF) – Claim Level
- Claim Adjudication Date – Claim Level
- Line Adjudication Information
- Line Adjustments
- Line Adjudication Date

MSP Insurance Type Codes on EMCs

- Identify reason for other coverage
- Shall be indicated on ANSI 5010A1
 - 2000B and 2320 loops
 - SBR01 and SBR05 segment
- 2000B SBR01 equals S
- 2320 SBR05 shall contain a value:
 - 12, 13, 14, 15, 43, or 47
- [Populating MSP Insurance Type Code on Electronic Claims](#)



NGSConnex Beneficiary Eligibility

Beneficiary MSP Eligibility

- N245 invalid plan information for other insurance

Medicare Secondary Payer				
Effective Date	Termination Date	Validity Indicator	Type	Insurer Name
01/01/2018		Y	Working Aged (12)	<input type="text"/>
				<input type="text"/>

- [Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P](#)
- NGSConnex: [Medicare Secondary Payer](#)

Final Review

1. Screen beneficiary eligibility in NGSConnex portal
2. When MSP, use [Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P](#)
3. Enter correct MSP insurance type code on all MSP EMC
 - When loop 2000B and segment SBR01 = S
 - Then loop 2320 and segment SBR05 = 12, 13, 14, 15, 43 or 47

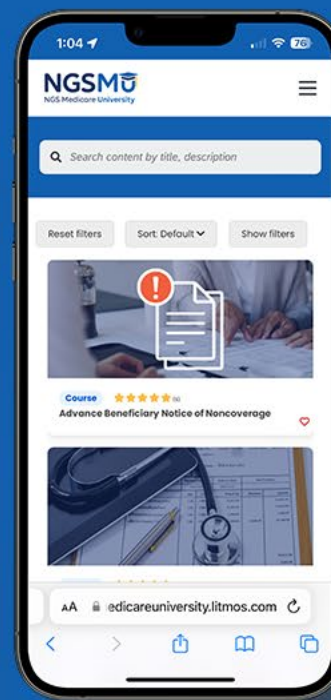
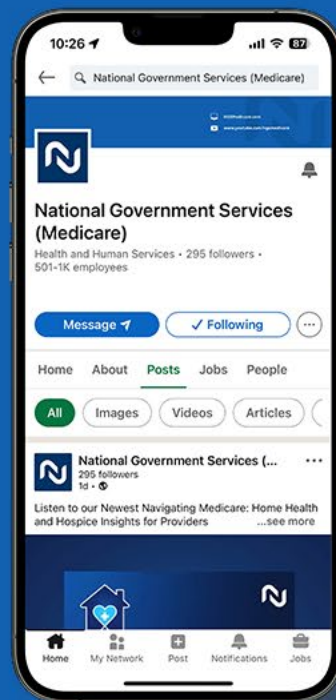
References and Resources

- Under Claims and Appeals > [Medicare Secondary Payer](#)
- Under Claims and Appeals > Medicare Secondary Payer (MSP) > [Prepare and Submit an MSP claim](#)
 - [Medicare Secondary Payer Manual for Electronic Submitters/ANSI Specifications for 837P](#)
- MLN® Booklet: [Medicare Secondary Payer](#)
- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 40.3](#)
- [CMS IOM Publication 100-05 Medicare Secondary Payer \(MSP\) Manual, Chapters 1-8](#)
- [CMS IOM Publication 100-05 Medicare Secondary Payer \(MSP\) Manual, Chapter 2- MSP Provisions](#)



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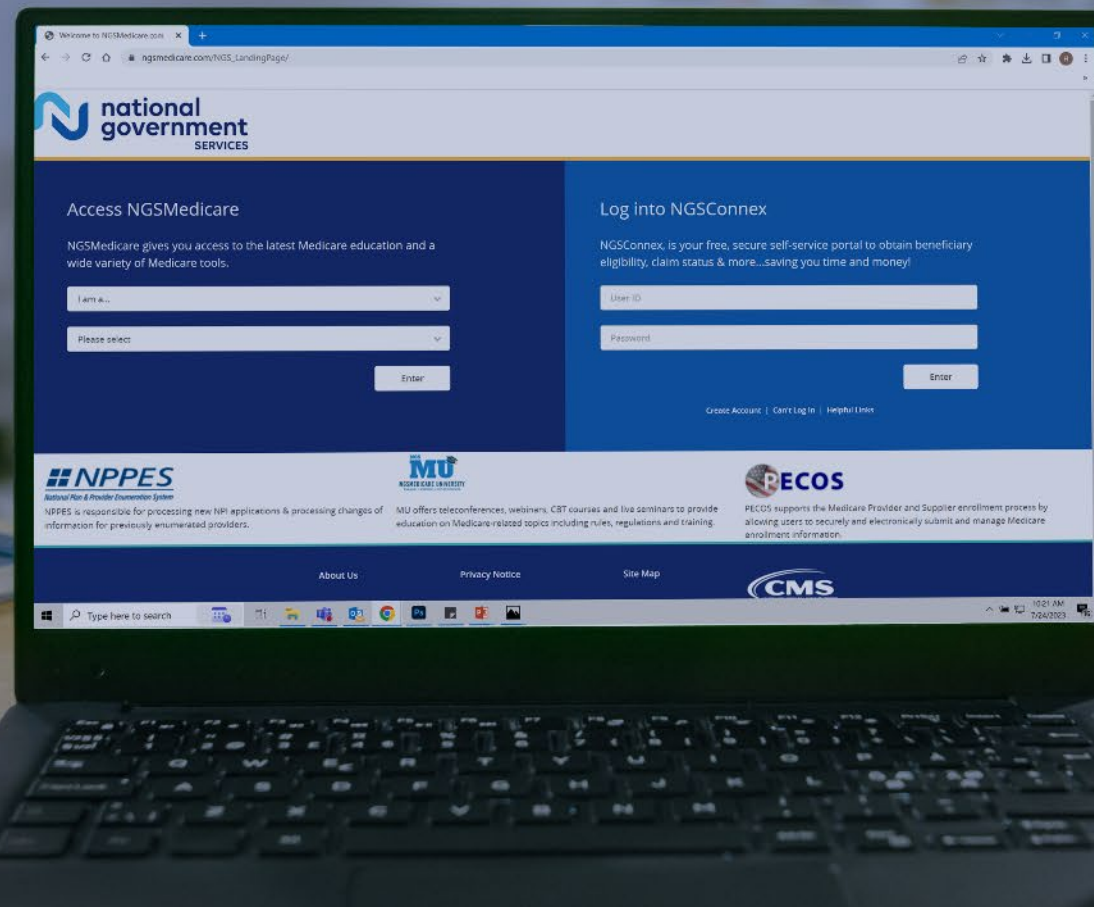


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The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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