

Medicare Secondary Payer: A Review of the Nongroup Health Plan Provisions

8/12/2025

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Objective

Familiarize providers with the non-GHP MSP provisions so you can identify and bill the proper primary payer(s) for Medicare beneficiaries involved in accidents

Today's Presenters

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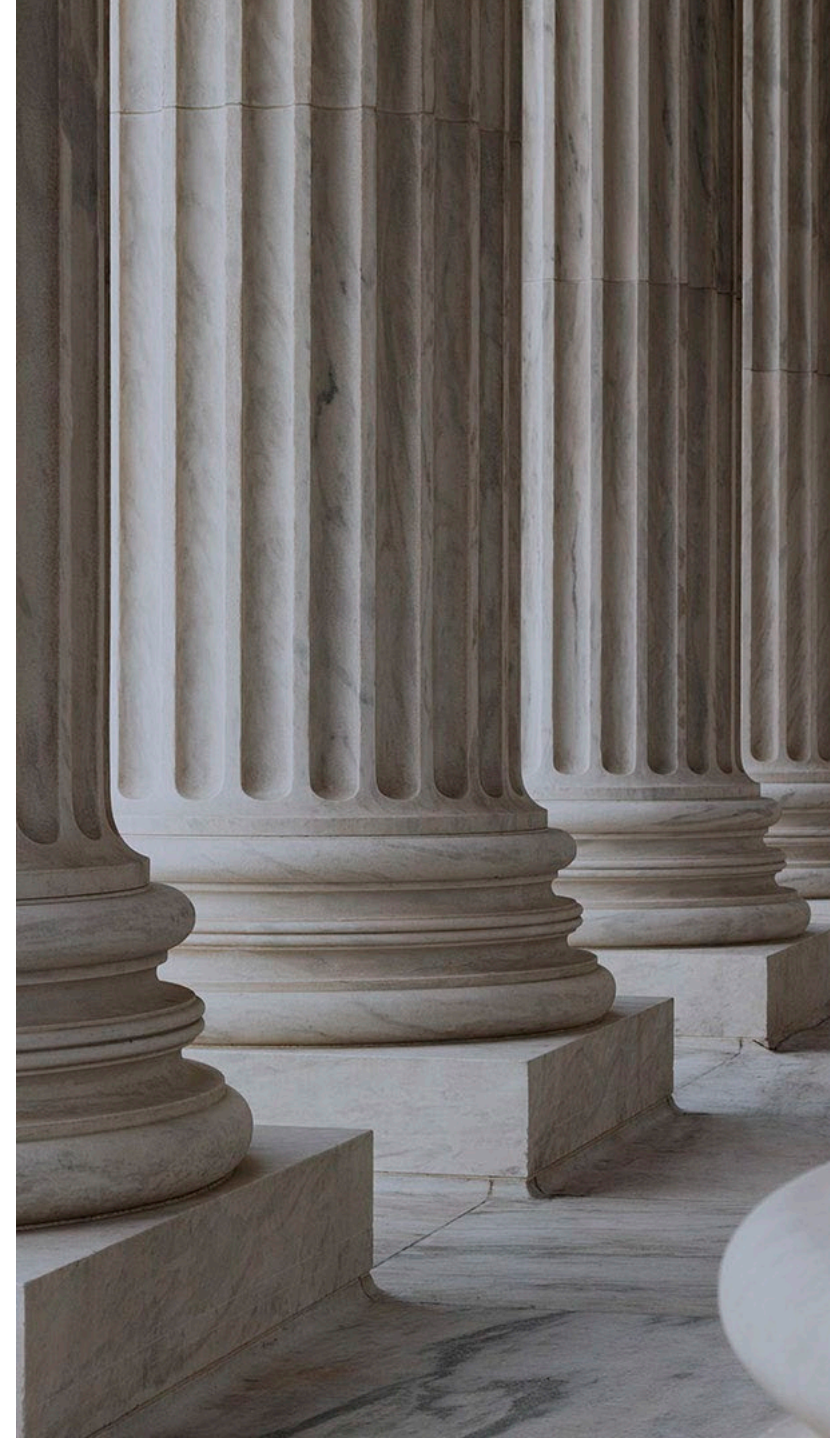
Agenda

- [MSP and Your Responsibilities](#)
- [MSP Provision Review – WC](#)
- [MSP Provision Review – No-Fault](#)
- [MSP Provision Review – Liability](#)
- [Non-GHP Provisions – Submitting Claims](#)
- [References and Resources](#)
- [Questions](#)

MSP and Your Responsibilities

What Is MSP?

- Beneficiary has insurance/coverage primary to Medicare
 - Based on federal laws known as MSP provisions
 - Help determine proper order of payers
 - Make certain payers primary to Medicare
- [What is Medicare Secondary Payer?](#)



MSP Provision Conditions/Criteria

- Each provision has own set of conditions/criteria
 - If all within specific provision met
 - Beneficiary's services subject to that provision
 - If payment made or can reasonably be expected to be made promptly by primary payer, Medicare prohibited from paying for these services
 - Medicare secondary payer
 - If one or more within specific provision not met
 - Beneficiary's services not subject to that provision
 - Medicare primary payer unless criteria of another MSP provision met

Providers' MSP-Related Responsibilities per Medicare Provider Agreement



Determine if Medicare primary payer for beneficiary's services

Identify insurance/coverage primary to Medicare



Submit claims to primary payers before Medicare

May be more than one payer primary to Medicare



Submit proper MSP claims to us when required

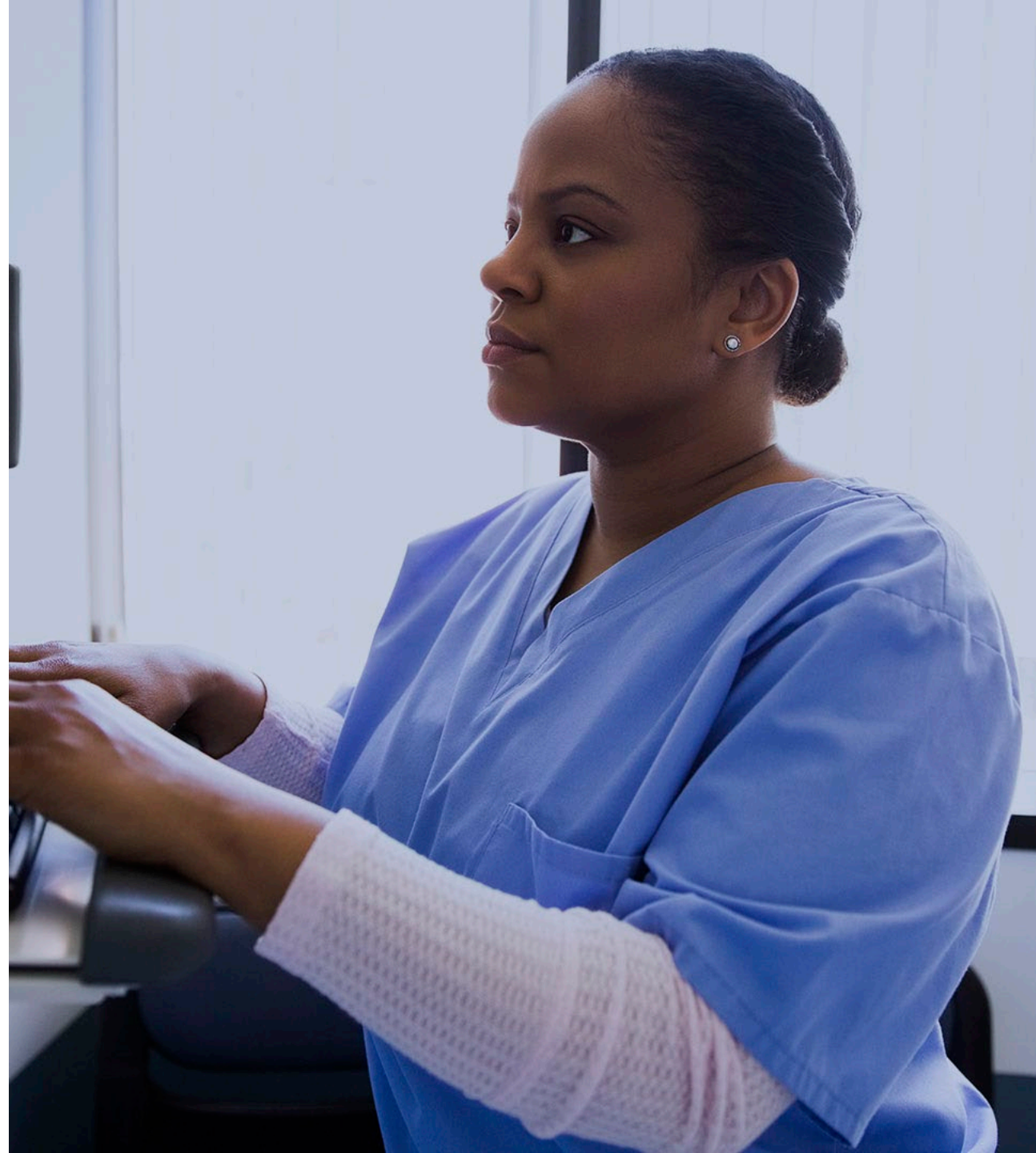
Follow MSP claim submission guidelines

Conduct MSP Screening Process to Identify Payers Primary to Medicare

- **Check** for MSP information in Medicare's records
 - Check for MSP records for beneficiary in CWF
 - For each service rendered; no exceptions
- **Collect** MSP information from beneficiary/representative
 - Ask questions about any other insurance/coverage
 - For every IP admission or OP encounter; some exceptions

Check for MSP Records in CWF

- Use provider self-service tools
 - [Identify the Proper Order of Payers for a Beneficiary's Services](#)



MSP Records in CWF – Information

- If MSP record(s) present, information includes
 - MSP VC or primary payer code for MSP provision
 - MSP effective date
 - MSP termination date, if applicable
 - Subscriber's name
 - Policy number
 - Patient's relationship to insured
 - Insurer's information

MSP Provisions, VCs and Primary Payer Codes

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

Collect MSP Information From Beneficiary or Representative

- Ask questions about any other insurance/coverage using
 - CMS' model MSP questionnaire
 - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, [Chapter 3, Section 20.2.1](#)
 - Part I – Black Lung, WC, No-Fault and Liability
 - Part II – Medicare entitlement and employer GHPs
 - Part III – ESRD Medicare entitlement (including dual entitlement)
 - Your own compliant form
 - Same content and intent as model
- Document all responses

CMS' Model MSP Questionnaire – Part I

- Part I. INFORMATION ABOUT BLACK LUNG, WC, NO-FAULT AND LIABILITY
 1. Are you receiving benefits under Black Lung Benefits Act (BL)?
 2. If yes, following BL information is required to submit claims appropriately:
 - Date Black Lung Benefits began
- Note: BL is primary payer for claims related to BL

CMS' Model MSP Questionnaire – Part I (continued 1)

3. Was illness/injury due to a work-related accident/condition?
4. If yes, following WC information is required to submit claims appropriately
 - Name and address of employer
 - Name and address of insurance carrier
 - Policy or claim number
 - Date of workplace illness or injury
- **Note:** WC is primary payer only for services related to work-related injuries or illness

CMS' Model MSP Questionnaire – Part I (continued 2)

5. Are you receiving treatment for an injury or illness covered under no-fault (and/or medical-payment coverage) including premises or automobile?
6. If yes, following no-fault/auto insurance information is required to submit claims appropriately
 - Name and address of insurance carrier
 - Policy or claim number
 - Date of illness or injury
- **Note:** No-fault insurance is primary payer only for services related to accident

CMS' Model MSP Questionnaire – Part I (continued 3)

7. Are you receiving treatment for an injury, or illness, which another party may be liable?
8. If yes, following liability information is required to submit claims appropriately
 - Name and address of insurance carrier
 - Policy or claim number
 - Date of illness or injury
- **Note:** Liability insurance is primary payer only for services related to liability settlement, judgment or award

Collect Additional Information for Billing

- Does veteran want to use VA coverage instead of Medicare?
- Are services covered by government research grant?
- When did retirement occur?
 - On claims, report OC 18 and beneficiary's retirement date and/or OC 19 and spouse's retirement date
 - [Collect and Report Retirement Dates on Medicare Claims](#)
 - Policy when beneficiary/spouse cannot recall retirement date
 - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, [Chapter 3, Section 20.1, #4](#)



Determine Proper Order of Payers

- Use collected information and your MSP knowledge
 - Medicare primary when beneficiary
 - Has no other insurance/coverage
 - Has other insurance/coverage that does not meet MSP provision criteria
 - Had other insurance/coverage that met MSP provision criteria but no longer available
 - Other payer(s) primary when beneficiary
 - Has other insurance/coverage that meets MSP provision criteria and still available

Submitting Claims

- If Medicare primary
 - Submit Medicare primary claim
 - Indicate reason Medicare primary
- If another payer primary
 - Submit claim to that payer first
 - Submit MSP or conditional claim as appropriate
- If more than one payer primary
 - Submit claims to those payers in proper order
 - Submit Medicare tertiary claim

MSP Provision Review – WC

WC MSP Provision

- Payment under Medicare may not be made for any items and services to extent that payment has been made or can reasonably be expected to be made for such items or services under a WC law or plan of US or any state
- WC primary; Medicare secondary
- Considered exclusion

WC Plans

- Provide compensation to employees for injury or illness/disease suffered in connection with employment
- Coverage could be through current or former employer
- Claims typically billed to WC Carrier

WC Coverage Includes

- Federal programs which provide WC protection for Federal civil service employees and other employees not covered or not adequately covered under state WC programs
- WC plans
 - District of Columbia, American Samoa, Guam, Puerto Rico and Virgin Islands
 - Federal Employees' Compensation Act
 - U.S. Longshoremen's and Harbor WC Act
 - Federal Coal Mine Health and Safety Act of 1969 as amended (Federal Black Lung Program)

WC Coverage Does Not Include

- Coverage considered to be liability coverage under Liability MSP provision including
 - Federal Employers' Liability Act (FELA) which covers merchant seamen and employees of interstate railroads
 - Employers' liability acts (found in some states)

Did You Know

- WC acts require employer to furnish employee with necessary medical and hospital services
- Some states limit amount of medical and hospital care
- For information regarding WC plan of a state or territory, contact appropriate agency

Federal Black Lung Program

- Provides medical benefits to coal miners disabled as result of lung disease or other illnesses attributable to coal mining
- Initiated by Federal Coal Mine Health and Safety Act of 1969
- Administered through [Department of Labor \(DOL\)](#)
- Primary to Medicare for related conditions

Did You Know

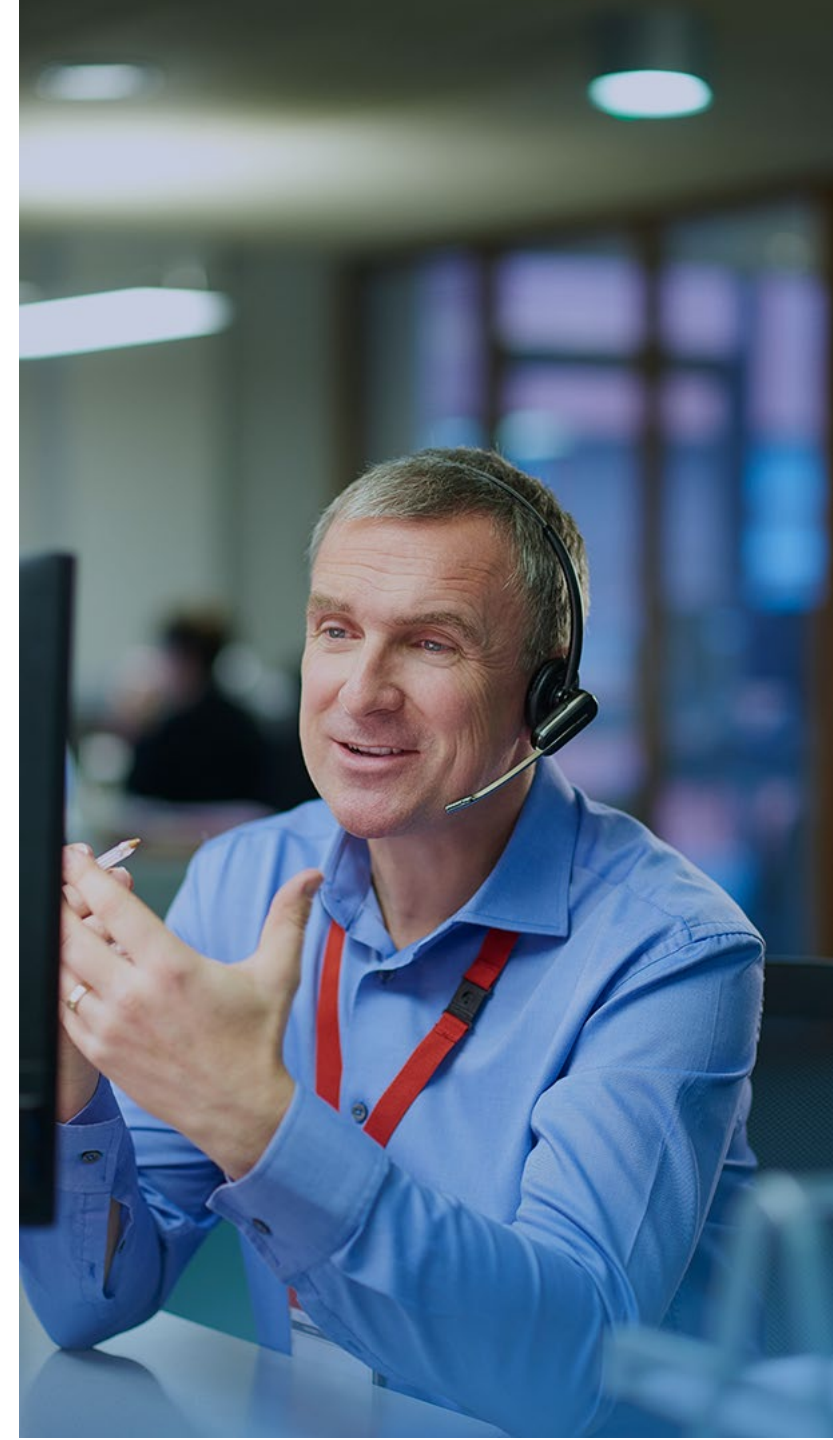
- Medical services related to a beneficiary's accident, illness or injury may be responsibility of a set-aside arrangement
 - Also known as “ongoing responsibility for medicals (ORM)”
 - Worker's Compensation Medicare Set-Aside (WCMSA)
 - Liability Medicare Set-Aside (LMSA)
 - No-Fault Medicare Set-Aside (NFMSA)
- Medicare cannot pay for related care until these funds exhaust

Is WC Coverage Primary For Beneficiary's Services?

- Determine if services related to injury, illness/disease for which WC benefits can be paid
 - If yes, WC primary payer and Medicare secondary payer
 - If no, Medicare may be primary payer

Billing WC

- Submit claim to WC first if
 - Services related to injury or illness/disease
 - Beneficiary/services covered



MSP Provision Review – No-Fault

No-Fault MSP Provision

- Medicare payment may not be made for otherwise covered items or services to extent that payment has been made, or can reasonably be expected to be made, for items or services under no-fault insurance
- No-fault insurance primary; Medicare secondary

No-Fault Insurance

- Insurance that pays for medical expenses for injuries sustained on property or premises of insured, or in use, occupancy or operation of automobile
 - Regardless of who may have been responsible for injuries
- Includes but not limited to personal injury protection (PIP), medical-payment (med-pay) and medical-expense coverage
 - Automobile or premises

No-Fault Insurance Types

- Automobile no-fault insurance (also known as PIP)
 - Automobile no-fault states: FL, HI, KS, KY, MA, MI, MN, ND, NJ, NY, PA, UT and PR
 - Traditional insurance states = Remaining states
- Automobile med-pay insurance
- Premises med-pay insurance
 - Homeowners
 - Commercial

Automobile No-Fault Insurance (PIP)

- Mandated in automobile no-fault states
- Beneficiary may carry insurance
 - If not, may still be available to beneficiary through another party
- Pays for expenses related to accident/injury
 - Medical expenses
 - Lost wages
 - Childcare expenses, cleaning expenses, services injured party can't perform due to injuries
 - Health insurance deductible
 - Funeral expenses
- Example of automobile no-fault insurance bill
 - Coverage for six months (\$50,000 per person) = \$250

Automobile Med-Pay Insurance

- Available in most states
 - Typically purchased in traditional automobile insurance states
- Beneficiary may carry insurance
 - If not, may still be available to beneficiary through another party
- Pays for medical expenses related to injuries
- Example of automobile med-pay insurance bill
 - Coverage for six months (\$5,000 per person) = \$25

Premises Med-Pay Insurance

- Example: Homeowners med-pay
- Beneficiary may carry
 - Does not cover beneficiary if injured in own home
 - Covers other parties injured in beneficiary's home
- Other party may carry
 - Covers beneficiary if injured in that party's home
- Pays medical expenses related to injuries
- Example of premises med-pay insurance bill
 - Coverage for six months (\$1,000 per person) = \$15

Premises Med-Pay Insurance (continued)

- Example: Commercial carried by property/business owner
- Who can purchase med-pay includes but not limited to
 - Churches
 - Malls
 - Restaurants
 - Stores
- Covers beneficiary if he/she a patron or a guest of that establishment
- Pays medical expenses related to injuries

Is No-Fault Insurance Primary For Beneficiary's Services?

- Determine if services related to accident for which no-fault insurance benefits can be paid
 - If yes, no-fault insurance primary payer and Medicare secondary payer
 - If no, Medicare may be primary payer



Billing No-Fault Insurance

- Submit claim to no-fault insurance first if
 - Services related to accident
 - Beneficiary/services covered

MSP Provision Review – Liability

Liability MSP Provision

- Medicare payment may not be made for covered items or services to extent that payment has been made, or can reasonably be expected to be made under a liability insurance policy or plan (including a self-insured plan)
- Liability insurance primary; Medicare secondary

Liability Insurance

- Insurance (including a self-insured plan) that provides payment based on policyholder's alleged legal liability for injury, illness or damage to property
 - Entity that engages in business, trade or profession considered to be self-insured for liability purposes to extent it has not purchased liability insurance
- Tip: If available to beneficiary, no-fault insurance primary to liability insurance

Liability Insurance Types

- Include but not limited to
 - Automobile liability insurance
 - Uninsured motorist coverage
 - Underinsured motorist coverage
 - Homeowner's liability insurance
 - Malpractice insurance
 - Product liability insurance
 - General casualty insurance
 - Payments under state "wrongful death" statutes that provide payment for medical damages

Automobile Liability Insurance

- May include
 - Automobile liability
 - Uninsured motorist
 - Underinsured motorist
- Covers
 - Medical expenses
 - Lost wages
 - Pain and suffering
 - Out-of-pocket expenses



Automobile Liability Insurance Policy

- Example of automobile liability insurance bill
 - Coverage for six months = \$315
 - \$100,000/300,000 per person
 - Uninsured/underinsured motorist

Is Liability Insurance Primary For Beneficiary's Services?

- Determine if services related to accident for which liability insurance benefits can be paid
- Determine if beneficiary pursuing liability insurance
 - If yes, liability insurance primary payer and Medicare secondary payer
 - If no, Medicare may be primary payer



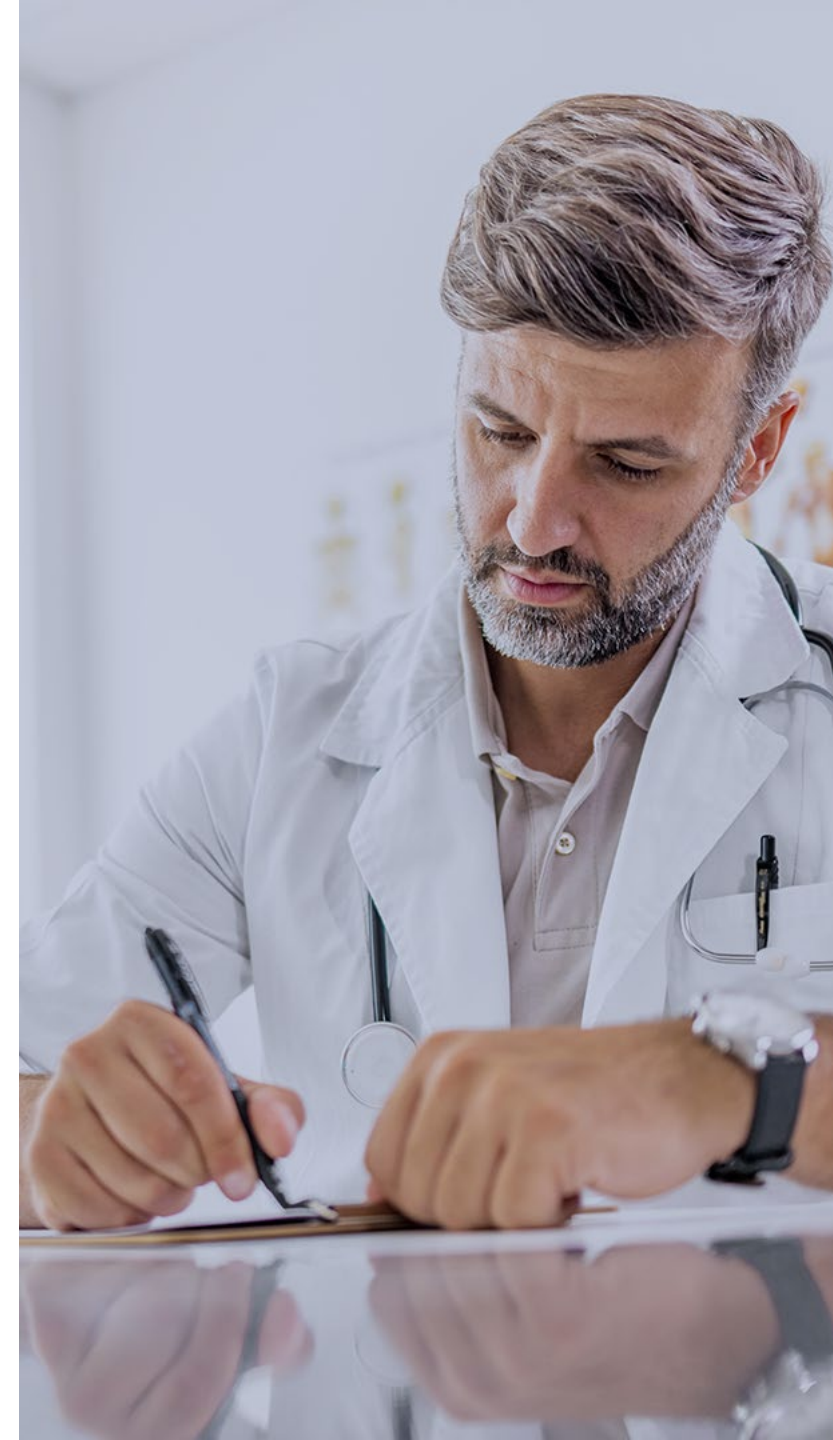
Billing Liability Insurance

- Submit claim to liability insurance first if
 - Beneficiary indicated services related to accident for which he/she feels someone else responsible
 - Liability insurance available
 - Beneficiary wants to pursue liability insurance
 - **Note:** If no-fault insurance also available, must bill no-fault insurance first

Non-GHP Provisions – Submitting Claims

Report Beneficiary's Current MSP Status on Claim

- When submitting Medicare claims, CMS expects providers to
 - Use billing information you collected during MSP screening process with beneficiary
 - Report applicable billing codes on claim(s) to represent beneficiary's current MSP status
- Maintain documentation that supports billing codes you report



Submitting Claims For Beneficiaries Involved in Accidents – Medicare Secondary

- If non-GHP MSP provision criteria met, submit claim to Medicare as secondary if primary payer paid
 - In part (all provider types/services) or
 - In full and claim for
 - HHH services
 - IP services
 - OP services and beneficiary not met annual Part B deductible
- Prepare and Submit a Medicare Secondary Payer Claim
 - MSP VC 15 (WC), 14 (no-fault or med-pay) or 47 (liability)
 - CC 02 (WC only)
 - OC (01, 02, 03 or 04) and DOA; depends on which non-GHP primary

Submitting Claims For Beneficiaries Involved in Accidents – Medicare Secondary (continued)

- If non-GHP MSP provision criteria met, submit claim to Medicare conditionally if primary payer did not pay claim
 - Promptly (within 120 days)
 - For valid reason
- [Prepare and Submit an MSP Conditional Claim](#)
 - MSP VC 15 (WC), 14 (no-fault or med-pay) or 47 (liability)
 - CC 02 (WC only)
 - OC (01, 02, 03 or 04) and DOA; depends on which non-GHP primary
 - OC 24 and date learned non-GHP did not pay
 - Unless non-GHP did not pay promptly and reporting code DA in Remarks
 - Remarks = Two-digit code and, if applicable, date (MM/DD/YY)

Conditional Claims – Valid Reasons For MSP

VC 15

- BE = Benefits exhausted
 - Report date benefits considered to be exhausted
- DA = 120 days passed since primary payer billed; no response
 - Report date primary payer billed
- FG = Primary plan's guidelines not followed
 - Only allowed in following situations (indicate which on claim)
 - Out of network (we pay once to one provider)
 - Untimely filing with primary payer (we pay only if timely with us)
 - No prior authorization (we cannot pay)
- NB = Not covered benefit

Conditional Claims – Valid Reasons For MSP

VC 14

- BE = Benefits exhausted (no-fault states, refer to code PE)
 - Report date BE
 - DOS must be prior to BE date
- CD = Charges applied to co-pay, coinsurance and/or deductible
- DA = 120 days passed since primary payer billed; no response
 - Report date provider billed primary payer
- NB = Not covered benefit
- PE = No-fault (PIP) benefits exhausted
 - Report date BE
 - DOS must be prior to BE date
 - Provider must have copy of PIP BE notice/letter

Conditional Claims – Valid Reasons For MSP

VC 47

- DA = 120 days passed since primary payer billed
 - Report date primary payer billed
 - Provider must withdraw liability claim with primary payer
- DP = Delay in payment from liability insurer (they notified provider of delay)
- LD = Response from liability insurer states they feel they aren't responsible
- PP = Beneficiary paid by liability insurer
 - Used for conditional claims involving liability insurance payments to beneficiary where provider not expecting any payment from them

Processing Your MSP or Conditional Claims

- Upon receipt of incoming MSP or conditional claim, we check for **matching MSP record in CWF**
 - If present, we process claim
 - If not present, we set up record, ask BCRC to validate it, then we process claim
 - **Note:** If record set up unsuccessful, we ask BCRC to set up and validate record, then we process claim once record present in CWF
- BCRC
 - Reviews/investigates MSP information
 - Validates MSP record we set up or sets up/validates MSP record
- [Set Up a Beneficiary's Medicare Secondary Payer Record](#)

Submitting Claims For Beneficiaries Involved in Accidents – Medicare Primary

- If non-GHP MSP provision criteria not met or no longer met, submit claim to us as primary with explanatory coding indicating why
 - Examples
 - Beneficiary fell in own home
 - Beneficiary in automobile accident in traditional insurance state but no med-pay available and no other primary payers such as liability
 - For both examples, report OC 05 and DOA
 - Example
 - No-fault (VC 14) primary, BE, DOS after BE date, no other primary payers such as liability
 - Report OC 25 and BE date

Submitting Claims For Beneficiaries Involved in Accidents – Medicare Primary (continued)

- If non-GHP MSP provision criteria not met or no longer met, submit claim to us as primary with explanatory coding indicating why
 - Examples
 - WC primary, case settled, DOS after settlement date, no future medicals
 - WC primary, WCSA funds exhausted
 - Liability primary, case settled, DOS after settlement date, no future medicals
 - For all examples, report OC 25 and case settlement date or set-aside exhaust date, as applicable
- [Prevent an MSP Rejection on a Medicare Primary Claim](#)

Submitting Claims When Services Not Related to Accident, Illness or Injury

- If beneficiary has non-GHP MSP record in CWF but receives services not related to a prior accident, illness or injury, report remarks on claim to indicate this
 - Example
 - “Services not related to no-fault MSP record in CWF”
- [Prevent an MSP Rejection on a Medicare Primary Claim](#)

Processing Your Medicare Primary Claims

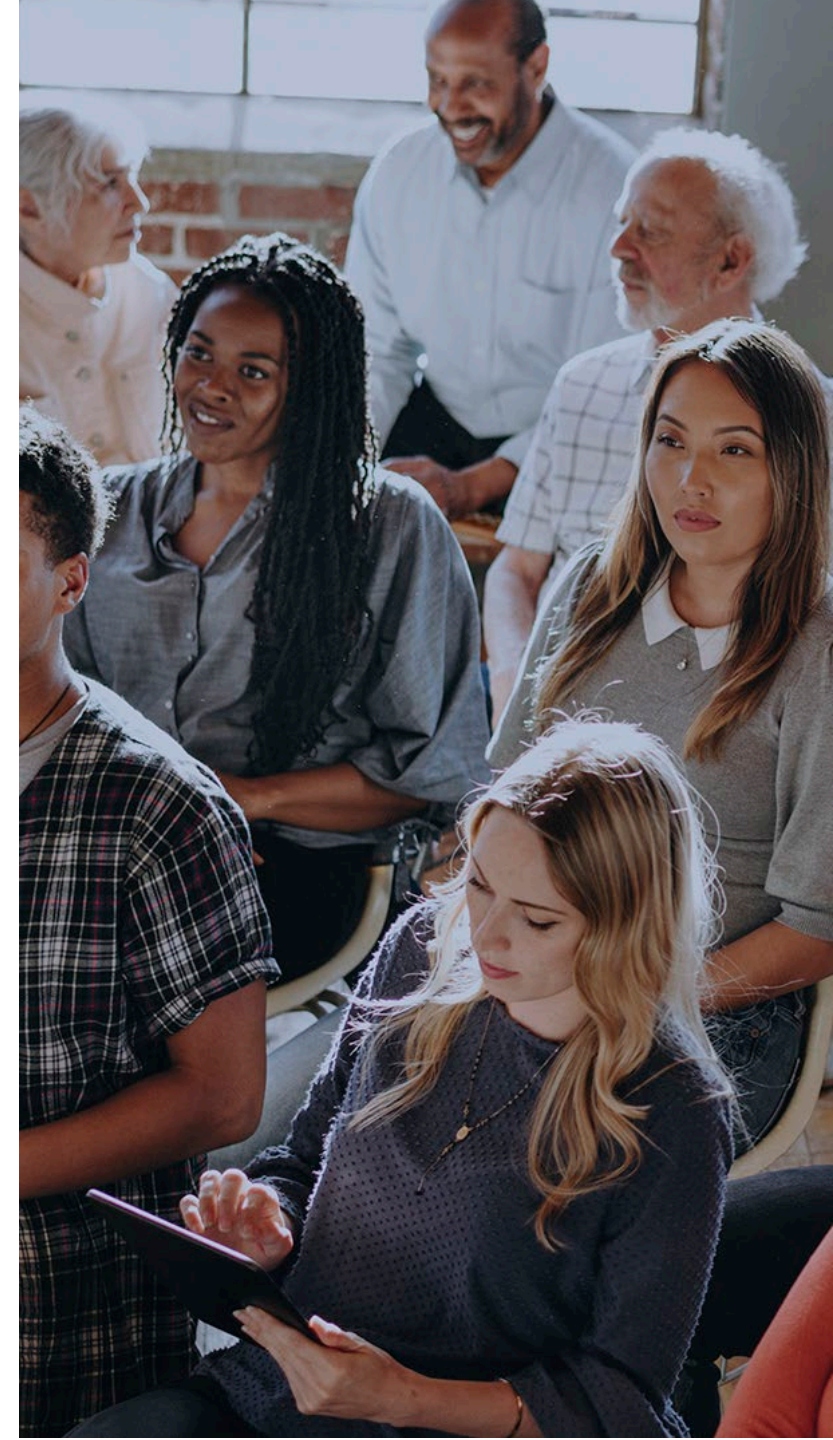
- When incoming claim contains explanatory coding, we can
 - Send information on claim to BCRC, when applicable
 - Process claim or, in some cases, wait for BCRC to correct MSP record and then process claim
- BCRC
 - Reviews/investigates information
 - Corrects MSP record if they receive responses to their investigation
- [Correct a Beneficiary's MSP Record](#)

No Explanatory Claim Coding to Indicate Why Medicare Primary

- Provider
 - May not contact BCRC in this circumstance
 - May refer beneficiary or other party to BCRC
 - Must wait until MSP record in CWF corrected before submitting Medicare primary claim
- BCRC
 - Toll-free lines
 - 855-798-2627
 - TTY/TDD: 855-797-2627 for hearing and speech impaired
 - Available
 - Monday–Friday, 8:00 a.m.–8:00 p.m., ET, except holidays

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



References and Resources

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- [*FISS DDE Provider Online Guide*](#)
- [NGSConnex](#)

National Government Services MSP Articles

- [What is Medicare Secondary Payer?](#)
- [Identify the Proper Order of Payers for a Beneficiary's Services](#)
- [Set Up a Beneficiary's Medicare Secondary Payer Record](#)
- [Correct a Beneficiary's MSP Record](#)
- [Prevent an MSP Rejection on a Medicare Primary Claim](#)
- [Collect and Report Retirement Dates on Medicare Claims](#)
- [Prepare and Submit a Medicare Secondary Payer Claim](#)
- [Prepare and Submit an MSP Conditional Claim](#)
- [Correct or Adjust a Claim Due to an MSP-Related Issue](#)
- [Determine if Medicare will Make an MSP Payment](#)
- [Determine Beneficiary Responsibility on an MSP Claim](#)

CMS' MSP References and Resources

- [BCRC Contact](#)
- [CBT Course: MSP Non-GHP](#)
- [HIPAA Eligibility Transaction System \(HETS\)](#)
- [How Medicare Works With Other Insurance](#) (for beneficiaries)
- MLN® Booklet: [Medicare Secondary Payer](#)
- MLN® Fact Sheet: [Medicare Secondary Payer: Don't Deny Services & Bill Correctly](#)
- [Workers' Comp Medicare Set Aside Arrangements](#)

CMS' MSP References and Resources – IOMs

- CMS IOM, Publication 100-02, *Medicare Benefit Policy Manual*
 - [Chapter 16](#), Section
 - 150, Services Reimbursable Under Automobile, No Fault, Any Liability Insurance or Workers' Compensation
- CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*
 - [Chapter 1](#), Sections
 - 10, Understanding MSP: Definitions and Important Terminologies
 - 20, General Provisions
 - 20.4, Workers' Compensation (WC)
 - 20.4.1, Workers' Compensation Medicare Set-aside Arrangements (WCMSAs)
 - 20.5, No-Fault Insurance
 - 20.6, Liability Insurance
 - [Chapter 2](#), Sections
 - 40, Liability Insurance
 - 40.1, Medicare's Recovery Rights
 - 40.2 Billing in MSP Liability Insurance Situations
 - 50, Workers' Compensation (WC)
 - 50.1, Effect of Payments Under WC Plan
 - 60, No-Fault Insurance

CMS' MSP References and Resources – IOMs (continued 1)

- CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*
 - [Chapter 3](#), Sections
 - 10.3, Provider, Physician, and Other Supplier Responsibility When a Request is Received from an Insurance Company or Attorney
 - 20, Obtain Information from Patient or Representative at Admission or Start of Care
 - 20.1, General Policy
 - 20.2, Verification of Medicare Secondary Payer (MSP) Online Data and Use of Admission Questions
 - 20.2.1, Model Admission Questions to Ask Medicare Beneficiaries
 - 30.2, Provider Billing Where Services are Accident Related and No-Fault Insurance May Be Available
 - 30.2.1, Provider Bills No-Fault Insurance First
 - 30.2.1.1, No-Fault Insurance Does Not Pay
 - 30.2.1.2, Liability Claim Also Involved
 - 30.2.1.3, No-Fault Payment is Reduced Because Proper Claim Not Filed
 - 30.2.2, Responsibility of Provider Where Benefits May Be Payable Under Workers' Compensation
 - 30.2.2.1, Responsibility of Provider Where Benefits May be Payable Under a Workers' Compensation Medicare Set-Aside Agreement (WCMSA)
 - 30.2.3, Responsibility of Provider Where Benefits May be Payable Under Federal Black Lung Program

CMS' MSP References and Resources – IOMs (continued 2)

- CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*
 - [Chapter 5](#), Sections
 - 10.7.1, No-Fault Development
 - 10.7.2, Workers' Compensation (WC) Development
 - 10.7.3, Liability Development
 - 10.8.1, No-Fault Development
 - 10.8.2, Workers' Compensation (WC) Development
 - 10.8.3, Liability Development
 - 20.1, Identification of Liability and No-Fault Situations
 - 20.2, Identify Claims with Possible WC Coverage
 - 20.4, Identification of On-Going Responsibility for Medicals (ORM) in Liability, No-Fault, and Workers' Compensation Situations
 - 20.4.1, Background Regarding ORM for A/B MACs and DME MACs
 - 20.4.2, Policy Regarding ORM
 - 20.4.3, Operationalizing ORM for Liability, No-Fault, and Workers' Compensation Situations

CMS' MSP References and Resources – IOMs (continued 3)

- [Chapter 5](#), Sections (continued)
 - 20.5, Medicare Residual Payments Due When ORM Benefits Terminate, or Deplete, During a Beneficiary's Provider Facility Stay
 - 30.4.1, Patient Receives Concurrent Services Which Are Not Work-Related
 - 30.5.1, No-Fault Insurer Denies That It Is the Primary Payer
 - 30.5.2, No-Fault Insurance Does Not Pay All Charges Because of a Deductible or Coinsurance Provision in Policy
 - 30.5.3, State Law or Contract Provides That No-Fault Insurance Is Secondary to Other Insurance
 - 30.6, Liability Claim Is Filed and There is Also Coverage Under Automobile or Non-Automobile Medical or No-Fault Insurance
 - 40.1.1.1, The Beneficiary Is on the Black Lung Entitlement Rolls
 - 40.2.1, Action if Payment Has Been Made Under No-Fault Insurance

CMS' MSP References and Resources – IOMs (continued 4)

- CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*
 - [Chapter 6](#), Sections
 - 40.10, ICD-10 and ICD 9-CM Diagnosis Code Tables Involving Non-GHP MSP Claims
 - 40.10.1, Certain Diagnosis Codes Not Allowed on NGHP MSP Records

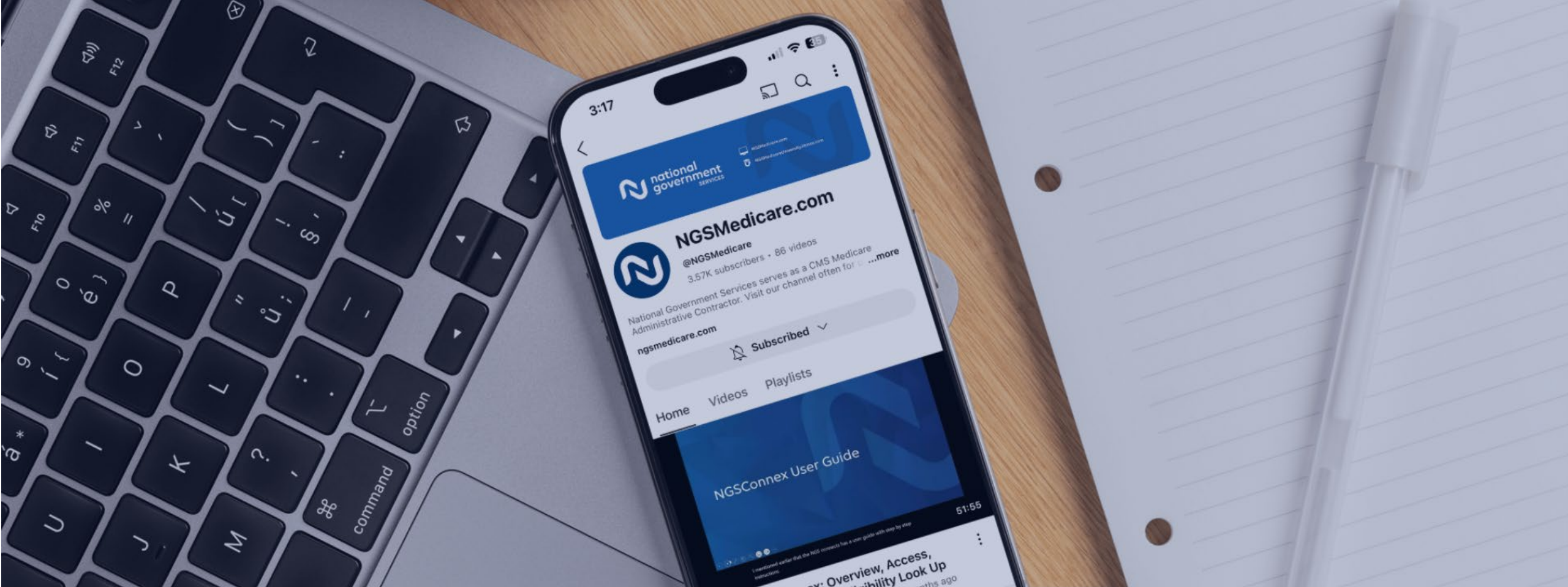
CMS' Coordination of Benefits & Recovery

- [Overview](#)
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Questions?

Thank you!



On-Demand Education at Your Fingertips



[YouTube Channel](https://www.youtube.com/@ngsmedicare)

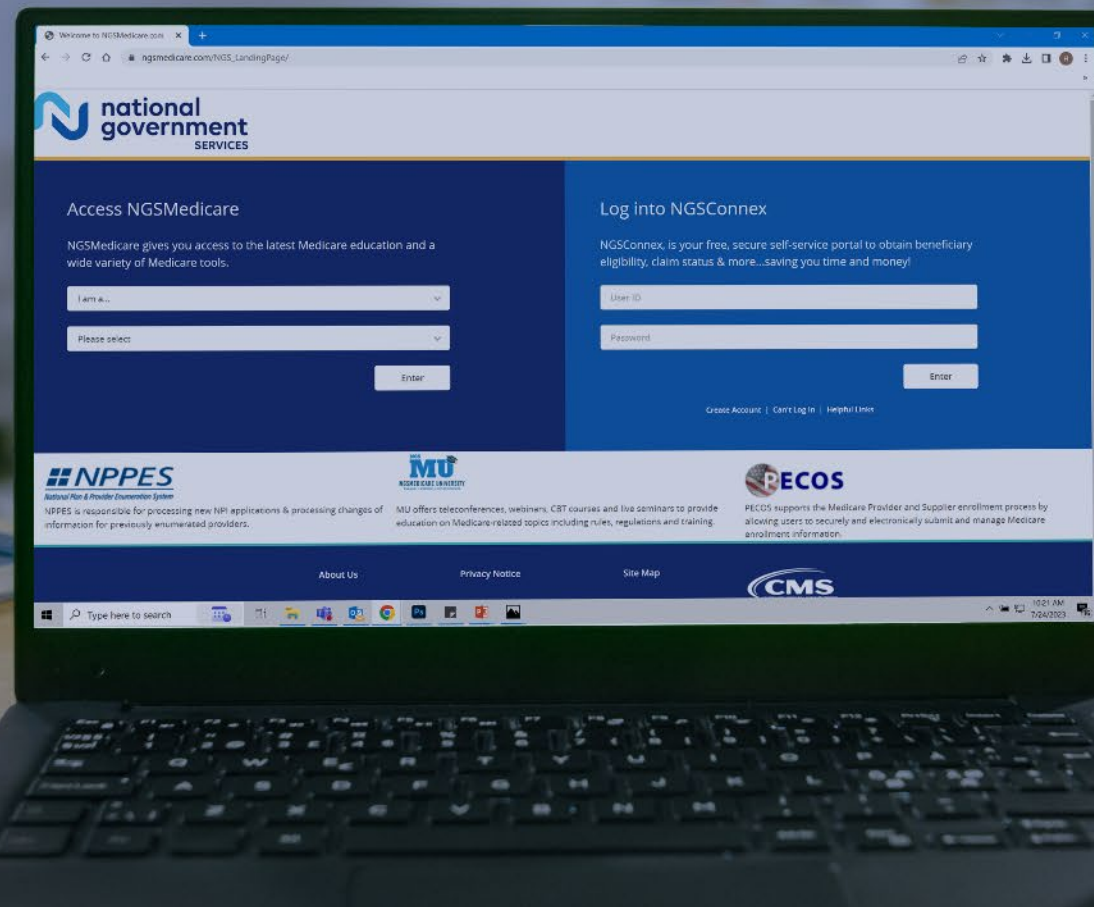
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