Medicare Secondary Payer (MSP) Billing Fields

Do NOT Include any MSP Information on the Request for Anticipated Payment (RAP)

Working Aged or Disability

Step 1: Submit your claim to the primary insurance
Step 2: Once payment is received submit secondary claim to Medicare.
Step 3: Fill in all fields on the UB04 or DDE as usual with the exception of table below

DDE Page #	DDE Field	UB04	MSP Billing Instructions
1	Value Codes	39-41	Enter value code "12" for Working Aged insurance, or value code "43" for disability and the amount you were paid by the primary insurer.
3	CD	N/A	Enter payer code "A" for working aged or "G" for disability in line A. Medicare information is entered on line B
3	PAYER	50	Enter payer's name on line A
3	PTAN	51	Enter your Provider Transaction Access Number
4	REMARKS	65	Enter employers name providing the primary insurance
5	INSURED NAME	58	Enter insured's name on line A. Enter beneficiaries name on line B
5	SEX	N/A	Enter insured's sex code on line A. Enter beneficiaries sex code on line B.
5	DOB	N/A	Enter insured's DOB on line A. Enter beneficiaries DOB on line B
5	REL	59	Enter code for patient's relationship to insured on line A. Enter "18" on line B
5	CERT-SSN-HIC	60	Enter primary payer number online A. Enter Beneficiaries HIC # on line B.
5	GROUP NAME	61	Enter group name
5	INS GROUP #	62	Enter Insurance Group number on line A

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No-fault, Liability or Workers Compensation

Step 1: Submit your claim to the primary insurance
Step 2: Once payment is received submit secondary claim to Medicare.
Step 3: Fill in all fields on the UB04 or DDE as usual with the exception of table below

DDE Page #	DDE Field	UB04 FL	MSP Billing Instructions
1	OCC CDS/DATE	31-34	Enter appropriate occurrence code (if applicable) and dates
1	VALUE CODES	39-41	Enter appropriate value code and the amount paid by primary insurance
3	CD	N/A	Enter appropriate payer code on line A. Enter "Z" on line B
3	PTAN	51	Enter PTAN for each payer on line A and B
4	REMARKS	80/65	Enter remarks
5	INSURED NAME	58	Enter insured's name on line A. Enter Beneficiary name on line B
5	SEX	N/A	Enter insured's sex code on line A. Enter beneficiaries sex code on line B
5	DOB	N/A	Enter insured's date of birth on line A. Enter beneficiaries DOB on line B
5	REL	59	Enter appropriate code for patient's relationship to insured on line A. Enter "18" on line B
5	CERT-SSN-HIC	60	Enter primary payer number on line A. Enter beneficiaries HIC number on line B
5	GROUP NAME	61	Enter group name on line A. Enter "Medicare" on line B
5	INS GROUP NUMBER	62	Enter insurance group number on line A

Remember if benefits are exhausted with No-fault or Workers Compensation:

- Bill Medicare as primary
- Include the date the benefits were exhausted in the remarks field so the record can be updated on the Common Working File

For services that are UNRELATED to No-Fault, Liability or Workers Compensation:

- Bill Medicare as primary
- Note in the remarks filed that the services were unrelated

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No-fault, Liability or Workers Compensation
(Billing Medicare conditionally due to no response from primary provider)

Step 1: Fill in all fields on the UB04 or DDE as usual with the exception of table below and submit claim to Medicare

DDE page #	DDE Field	UB04 FL	MSP Billing Instructions
1	COND CODES	18-28	Enter appropriate condition code
1	OCC CDS/DATE	31-34	Enter occurrence code "24" and date of last contact with insurance. Enter any other appropriate occurrence codes and dates.
1	VALUE CODES	39-41	Enter appropriate value code for the amount.
3	CD	50	Enter payer code "C" on line A. Enter payer code "Z" on line B for Medicare.
3	PAYER	50	Enter payer's name.
3	PTAN/OSCAR	51	Enter provider number for each respective payer on line A or B.
4	REMARKS	80/65	Enter remarks. For WC, enter employer's name. If an attorney is involved enter name and address.
5	INSURED NAME	58	Enter insured's name on line A. Enter beneficiaries name on line B.
5	SEX	N/A	Enter insured's sex code on line A. Enter beneficiaries sex code on line B.
5	DOB	N/A	Enter insured's date of birth on line A. Enter beneficiaries date of birth on line B.
5	REL	59	Enter the code for the patient's relationship to the insured on line A. Enter "18" on line B.
5	CERT-SSN-HIC	60	Enter primary payer number on line A. Enter beneficiaries HIC number on line B.
5	GROUP NAME	61	Enter group name or plan on line A. Enter "Medicare" on line B.
5	INS GROUP #	62	Enter insurance group number on line A.

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Veterans Administration (VA)

Step 1: Bill to VA
Step 2: Fill in all fields on the UB04 or DDE as usual with the exception of table below and submit claim to Medicare for services not covered by VA or for sequential billing (Hospice ONLY)

DDE page #	DDE Field	UB04 FL	MSP Billing Instructions
1	VALUE CODES	39-41	Enter value code "42" and the amount authorized by VA. Enter value code "44" is VA amount is less than the total charges.
3	CD	N/A	Enter payer code "I" on line A. Enter payer code "Z" on line B.
3	PAYER	50	Enter Veterans Administration on line A. Enter "Medicare" on line B.
3	PTAN/OSCAR	51	Enter PTAN # for each respective payer on line A and B
4	REMARKS	80	Enter remarks
5	INSURED NAME	58	Enter beneficiaries name on line A and B.
5	SEX	N/A	Enter insured's sex code on line A. Enter beneficiary sex code on line B.
5	DOB	N/A	Enter insured's DOB on line A and B.
5	REL	59	Enter code "18" on line A and B.
5	CERT-SSN-HIC	60	Enter Veterans Administration Identification # on line A. Enter beneficiaries HIC # on line B.
5	Group Name	61	Enter "Veterans Administration" on line A. Enter "Medicare" on line B.

Disability/Working Aged
Billing for Conditional Payment

Step 1: Bill to disability or working aged insurance
Step 2: Fill in all fields on the UB04 or DDE as usual with the exception of table below and submit claim to Medicare for services that were denied or applied to deductible.

DDE page #	DDE Field	UB04 FL	MSP Billing Instructions
1	OCC CDS/DATE	31-34	Enter occurrence code "24" and the date of denial on the Explanation of Benefits.
1	VALUE CODES	39-41	Enter appropriate value code and the amount paid. Value code 44 and amount are not needed if there is a denial from the primary payer or if the payment was applied to the deductible. Enter zeros if services were denied or applied to deductible. Enter value code "44" and the amount accepted if amount is less than the total charges.
3	CD	N/A	Enter payer code "C" on line A. Enter payer code "Z" on line B.
3	PAYER	50	Enter payers name on line A. Enter "Medicare" on line B.
3	PTAN/OSCAR	51	Enter PTAN # for each respective payer on line A and B
4	REMARKS	80	Enter remarks
5	INSURED NAME	58	Enter the insured's name on line A. Enter the beneficiaries name on line B.
5	SEX	N/A	Enter insured's sex code on line A. Enter beneficiary sex code on line B.
5	DOB	N/A	Enter insured's DOB on line A. Enter beneficiaries DOB on line B.
5	REL	59	Enter relationship code on line A. Enter "18" on line B.
5	CERT-SSN-HIC	60	Enter the primary payer # on line A. Enter beneficiaries HIC # on line B.
5	GROUP NAME	61	Enter the group name on line A.
5	INS GROUP NUMBER	62	Enter insurance group # on line A.

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Public Health Services (PHS) or Federal Agency

Step 1: Bill to disability or working aged insurance
Step 2: Fill in all fields on the UB04 or DDE as usual with the exception of table below and submit claim to Medicare.

DDE page #	DDE Field	UB04 FL	MSP Billing Instructions
1	VALUE CODES	39-41	Enter value code "16" for PHS and the amount paid.
3	CD	N/A	Enter payer code "F" on line A. Enter payer code "Z" on line B.
3	PAYER	50	Enter payers name on line A. Enter "Medicare" on line B.
3	PTAN/OSCAR	51	Enter PTAN # for each respective payer on line A and B
4	REMARKS	80	Enter remarks
5	INSURED NAME	58	Enter the beneficiaries name on line A and B.
5	SEX	N/A	Enter beneficiary sex code on line A and B
5	DOB	N/A	Enter beneficiaries DOB on line A and B.
5	REL	59	Enter relationship code "18"on line A and B.
5	CERT-SSN-HIC	60	Enter the PHS identification # on line A. Enter beneficiaries HIC # on line B.

***Please use the CMS Internet Only Manual (IOM) Publication 100-05 for Complete MSP Billing Instructions and Codes. The IOM can be accessed at http://www.cms.hhs.gov/manuals.**

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