

# EDI Support Services

## ***Billing Medicare Secondary Payer (MSP) Claims Electronically***

*For All Medicare Part A Trading Partners*

To bill Medicare Secondary Payer (MSP) claims electronically, the following four fields should be included on the claim for processing: Indication of Medicare as the secondary payer, Value Codes, Condition Codes, and Occurrence Codes. For assistance with utilizing the appropriate codes please contact the Part A Call Center at: 1-877-908-8437.

This document describes these fields in relation to the ASC X12N Implementation Guide (IG), and how to enter the fields in EDI Support Services' (EDISS) low-cost billing software, PC-ACE Pro32. If you are not a PC-ACE Pro32 user, this information will assist you and your software vendor in assuring the appropriate information is reported in the correct ANSI fields.

### **In this document:**

- Lists the required fields in relation to the ASC X12N Implementation Guide (IG)
- Enter the fields in PC-ACE Pro32

The use of non-standard codes limits EDISS' ability to read or interpret other payers' remittances. EDISS can assist in referring providers to [www.wpc-edi.com](http://www.wpc-edi.com), which will describe the Claim Adjustment Reason codes required to process the MSP claim. If the provider needs more information on these codes they should contact the primary payer for assistance in identifying the data on the primary payer's remittance

### ***Indication of Medicare as Secondary Payer***

The basic principle behind filing an MSP claim with Medicare is to report all information the primary payer provided and indicate that Medicare is the secondary payer. The ANSI X12 IG indicates primary, secondary, and tertiary payers by using the SBR01 segments in the 2000B and 2320 loops.

Use the SBR segment in the 2000B loop to report what type of claim is being submitted. The values for SBR01 are P for primary, S for secondary and T for tertiary.

Syntax of the SBR Segment in 2000B loop for MSP (secondary payer information):

SBR\*S\*18\*\*MEDICARE\*\*\*\*\*MA

SBR01 = 'S' indicating secondary payer

SBR02 = '18' indicating Self. The insured is always the subscriber for Medicare

## ***Billing Medicare Secondary Payer (MSP) Claims Electronically Continued...***

SBR04 = 'Medicare' indicating Medicare Name

SBR09 = 'MA' indicating Medicare Part A

The SBR segment in the 2320 loop reports the primary payer information. The SBR01 element is reported with the value of 'P' for primary payer. SBR09 indicates the type of primary payer.

Syntax of the SBR segment in 2320 loop for MSP (primary payer information):

SBR\*P\*01\*\*Blue Cross\*\*\*\*\*BL

SBR01 = 'P' indicating primary payer

SBR02 = '01' indicating Spouse1

SBR04 = 'Blue Cross' indicating primary payer

SBR09 = 'BL' indicating Blue Cross/Blue Shield

### ***HI Segments - Occurrence/Value/Condition Codes***

To prevent claim processing delays, all available coding options should be used. This includes occurrence, condition, and value codes when appropriate. The codes are contained in the 2300 loop HI segments, identified by individual qualifiers.

Syntax of the HI segment in 2300 loop:

#### ***Value codes***

HI\*BE>12>>>1287.14

HI01:01 = 'BE' indicating Value Code

HI01:02 = '12' value code representing 'Working Aged Beneficiary'

HI01:04 = '1287.14' indicating the total amount paid by the primary payer

#### ***Condition Codes***

HI\*BG>02

HI01:01 = 'BG' indicating Condition Code

HI01:02 = '02' condition code representing 'Condition is employment related'

#### ***Occurrence Codes***

HI\*BH>11>D8>20071017

HI01:01 = 'BH' indicating Occurrence Code

HI01:02 = '11' occurrence code indicating 'Onset of Symptoms/Illness'



## Billing Medicare Secondary Payer (MSP) Claims Electronically Continued...

- select it in the claim. Also complete the other fields related to the insured's primary insurance.
4. Enter Medicare A as the secondary Payer ID. Also enter the applicable insured's information in the other fields.

**Institutional Claim Form**

Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Extended General | Ext. General (2) | Extended Payer

Sub	Payer ID	Payer Name	Provider No.	ROI	AQB	Prior Payments	Amount Due	
<input type="checkbox"/>	003200006	MEDICAID FOR NORTH DAKOTA				0.00	0.00	Clear Payer
<input type="checkbox"/>	033010013	MEDICARE PART A NORTH DAKO						Clear Payer
<input type="checkbox"/>								Clear Payer

Due From Patient >> 0.00 0.00

P.Rel	Insured's Last/Org Name	First Name	MI	Suffix	Insured's ID	Group Name	Group Number

Authorization Code / Type	ESC	Employer Name	Employer Address	City	State	Zip

Save Cancel

5. On the Diagnosis/Procedure Tab, enter Y in the COB field.

## Billing Medicare Secondary Payer (MSP) Claims Electronically Continued...

The screenshot shows the 'Institutional Claim Form' with several tabs: Patient Info & Codes, Billing Line Items, Payer Info, Diagnosis/Procedure, Diag/Proc (2), Extended General, Ext. General (2), and Extended Payer. The form contains various input fields for diagnosis codes, procedure codes, and dates. A red box highlights the 'COB?' checkbox, which is checked with the letter 'Y'. Other checkboxes include 'DX/PC', 'NPI Exempt', and 'H.H. CR6?'. A 'Remarks' text area is on the left, and a 'Supporting Provider Information' table is on the right. The table has columns for Type, Last/Org Name, First Name, MI, Suffix, and Provider IDs / Types. The 'Save' and 'Cancel' buttons are at the bottom right.

### CAS Segment – Claim Level Adjustment

The CAS segment in the 2320 loop is used to report prior payers claim level adjustments that caused the amount paid to differ from the amount originally charged. This segment is used if the payer in this loop has reported claim level adjustment information on the primary payer's remittance advice. This line can be repeated if there are multiple adjustment groups.

- Syntax of 2320 loop CAS segment for Claim Level Adjustment Information:

CAS\*CO\*42\*10\*1\*16\*5\*1~ (EXAMPLE)

CAS01 = indicates Claim Adjustment Group Code

CAS01 valid values:

- CO = indicating Contractual Obligations
- CR = indicating Corrections and Reversals
- OA = indicating Other Adjustments
- PI = indicating Payer Initiated Reductions
- PR = indicating Patient Responsibility

CAS02 = indicates Claim Adjustment Reason Code

CAS03 = indicates Monetary Adjustment Amount

## ***Billing Medicare Secondary Payer (MSP) Claims Electronically Continued...***

CAS04 = indicates Service Line Adjusted Units

CAS05 = indicates Claim Adjustment Reason Code

CAS06 = indicates Monetary Adjustment Amount

CAS07 = indicates Service Line Adjusted Units

### ***Payer Paid Amount***

This segment is required in this loop if the primary payer has adjudicated the claim. It is acceptable to show "0" (zero) as an amount paid.

- Syntax of the 2320 loop AMT segment for COB Payer Paid Amount:

AMT\*C4\*60~ (EXAMPLE)

AMT01 = 'C4' indicating Prior Payment - Actual

AMT02 = Monetary Amount

AMT\*T3\*126~ (EXAMPLE)

AMT01 = 'T3' indicating Total Submitted Charges

AMT02 = Monetary Amount

DTP = indicates the Date Claim Paid

This monetary amount should match the claim total amount in the CLM 02.

If you are doing claim level reporting, the Total Primary Payer Paid amount (AMT\*C4) plus the adjustment amounts in the claim CAS segments must equal the Total Submitted Charge (AMT\*T3).

## Billing Medicare Secondary Payer (MSP) Claims Electronically Continued...

**Institutional Claim Form**

Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | **Extended Payer**

Primary Payer | Secondary Payer | Tertiary Payer | **COB Info (Primary)** | COB Info (Secondary)

Claim Adjustments / COB Amounts / MIA - MOA Information (ANSI-837 Only)

Claim Level Adjustments (CAS)					COB / MIA / MOA Amounts		
Num	Group	Reason	Amount	Units	Num	Code	Amount
1					1	C4	
2					2		
3					3		

Medicare Inpatient Adjudication (MIA) Remarks Codes

Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date: \_\_\_/\_\_\_/\_\_\_

Save Cancel

### 2430 - Service Line Level Reporting

SVD Segment – Line Adjudication

Line adjudication information is provided if the service line has adjustments applied by the primary payer. This information is reported at the service level but may be reported at the claim level if line level information is unavailable.

- Syntax of 2430 loop SVD segment for Line Adjudication Information:

SVD\*00813\*48\*HC>99213\*\*1~ (example)

SVD01 = indicates Other Payer Identifier Code

SVD02 = indicates Service Line Paid Amount

SVD03 = indicates Service Line Procedure Code

SVD05 = indicates Service Line Quantity/Units of Service

### CAS Segment - Line Level Adjustment

Line adjustments are provided if the primary payer made line level adjustments that caused the amount paid to differ from the amount originally charged. This information is reported at the service level but may be reported at the claim level if line level information is unavailable.

- Syntax of 2430 loop CAS segment for Line Adjustment Information:

## Billing Medicare Secondary Payer (MSP) Claims Electronically Continued...

CAS\*CO\*42\*10\*1\*16\*5\*1~ (example)

CAS01 = indicates Claim Adjustment Group Code

CAS01 valid values:

- CO = indicating Contractual Obligations
- CR = indicating Corrections and Reversals
- OA = indicating Other Adjustments
- PI = indicating Payer Initiated Reductions
- PR = indicating Patient Responsibility

CAS02 = indicates Claim Adjustment Reason Code 42

CAS03 = indicates Monetary Adjustment Amount

CAS04 = indicates Service Line Adjusted Units

CAS05 = indicates Claim Adjustment Reason Code

CAS06 = indicates Monetary Adjustment Amount

CAS07 = indicates Service Line Adjusted Units

DTP = indicates the Date Claim Paid

**Institutional Claim Form**

Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | **MSP/COB (Line 1)**

Line-level Adjudication / COB Information (ANSI-837 Use Only)

**Service Line Adjudication (SVD) Information**

SVD	P/S	Rev. Cd.	Proc. Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	<input type="checkbox"/>						
2	<input type="checkbox"/>						
3	<input type="checkbox"/>						

Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)

Procedure Code Description:

Adj/Payment Date:

Remaining Amt Owed:

**Line Level Adjustments (CAS)**

Num	Group	Reason	Amount	Units
1				
2				
3				

Save Cancel