

# MEDICARE SECONDARY PAYER (MSP) CLAIMS

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We use PC-ACE Pro32 for Medicare Secondary Payer (MSP) claims only. Is training information available on how to enter MSP claims?

Yes, MSP documentation is located in the Billing Guides section on the Training and Help page of [www.edissweb.com](http://www.edissweb.com).

Do you have documentation on Medicare Secondary Payer (MSP) for Institutional providers?

Yes, there is a document entitled Billing Medicare Secondary Payer (MSP) Claims Electronically (Medicare Part A) on our website. The documentation is located in the Billing Guides section on the Training and Help page of [www.edissweb.com](http://www.edissweb.com).

I am in testing with EDISS for MSP claims but I don't have 10 claims to submit in my test file, can I submit claims with fictitious information?

Yes, but use caution with the information used. If it is too fictitious, it could cause formatting errors in the file. Remember, you are entering the test claims as an MSP claim to insure once you are moved to production you do not experience any claim errors.

## What is the correct MSP reason code?

This could be any of the codes listed; EDISS is not trained on which code to use. Please verify what the CWF file has set for each beneficiary.

## For MSP claims, do we need to setup the primary payer?

Yes, Medicare needs to know the primary payer in the electronic file.

## Where can we find a list of Payer ID codes?

Ask the Primary insurance if they have Primary payer ID. If they do not, refer to the CMS website

## If I import my claim from my main software into PC-ACE Pro32, do I have to open the claim and then enter in the Primary information?

Your main software must have both Primary and Secondary information entered before importing into PC-ACE Pro32. If this information is missing, it will not import.

## I have a payment from an insurance that does not list each line separately. How do I bill it?

List the adjustments and payments on the claim level instead of the line level adjustments.

## How do we know what the OTAF amount is?

OTAF is Obligated To Accept in Full. This is the amount the provider agreed to accept from the primary payer when the amount is less than the submitted charges, but higher than the payment amount; then a Medicare secondary payment is due to the provider. There is not a specific column or area on an EOB that indicates the OTAF amount. However, this amount is determined by other information that is listed on the EOB, such as discount, provider write-off, withholding, risk amount, service benefit credit, contractual adjustment, provider agreement, negotiated savings, or an amount that the beneficiary is not liable for. If the beneficiary were not responsible for any of these amounts, then the OTAF amount would be the same as the amount the primary insurance paid. Using an OTAF amount will indicate that there is a discount that the beneficiary was not responsible for. This may have to be manually calculated, by taking the billed amount minus the discounts/adjustments to calculate the OTAF.

Example: When the allowable billed amount is \$100, the primary insurance pays \$45, the provider OTAF amount is \$50, and then Medicare would pay \$5 as secondary.

## Where can I obtain the adjustment codes?

Go to [www.wpc-edi.com](http://www.wpc-edi.com) , and click on code listings.

## We are receiving the denial code M384. What does it mean?

You receive the reject code because the adjustment and the primary paid fields must equal the original claim amount. The M384 denial code is received when something in those fields is not adding up correctly.

When adding up the primary paid plus the line level adjustments, many people send information for the claim level and line level, which doubles the adjustment amount making your number a lot higher on the total claim charge. Make sure you're only submitting your adjustments on either the line level or the claim level depending on how the Primary Insurance paid.

## If zero payment is made by the Primary payer, how do we adjudicate it to Medicare?

Indicate on the claim that the Primary Payor paid zero, include the reason code of why the Primary Payor didn't pay on the claim and then Medicare will adjudicate this claim per this information.

## Is the Allowed Amount a required field?

Yes. Medicare needs to know what the primary allowed and so they can determine the adjustment information.

## If a line has a zero pay, aren't the zero dollars suppose to be entered?

Yes, enter your zero paid. In PC-ACE Pro32 there is a field in the claim level to enter it was a zero paid claim and the software calculates based on that. Otherwise, enter single lines, zero dollars, and your adjustment reasons.

## I have to correct some claims that rejected. Would I send them as original or corrected?

Any claim sent electronically should be marked as an original claim.