Medicare Secondary Payer (MSP) Manual

Chapter 5 - Contractor Prepayment Processing Requirements

Crosswalk

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	10						AB-00-107	Coordination With the Coordination of Benefits Contractor (COBC)
5	10.1						AB-00-107 AB-02-022 AB-02-107	FI and Carrier MSP Auxiliary File Update Responsibility
5	10.2						AB-00-107	COBC Electronic Correspondence Referral System (ECRS)
5	10.2.1						AB-00-107	ECRS Functional Description
5	10.2.2						AB-00-107	Technical Overview **-** Impact on FI/Carrier Data Centers
5	10.2.2.1						AB-00-107	CWF Assistance Request - Data Elements and Definitions
5	10.2.2.2						AB-00-107 B-01-033	MSP Inquiry Information - Data Elements and Definitions
5	10.3						AB-00-107	Providing Written Documents to the COBC
5	10.4						AB-00-107	FI and Carrier Record Retention
5	10.5						AB-00-107	Notification to FI or Carrier of MSP Auxiliary File Updates
5	10.6						AB-00-107	Referring Calls to the COBC
5	10.7						AB-00-107 B-01-033	Changes in FI and Carrier Initial MSP Development Activities

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	10.8						AB-00-107 AB-02-022	Additional Activities Arranged by Non-GHP MSP Type
5	10.8.1						AB-00-107	No-Fault Development
5	10.8.2						AB-00-107	Workers' Compensation (WC) Development
5	10.8.3						AB-00-107	Liability Development
5	10.9						AB-00-107	COBC Numbers
5	20	A3-3489.3 A3-3492.J	B3-3328.6 B3-4301 B3-3338.2			SNF-337		Sources That May Identify Other Insurance Coverage
5	20.1	A3-3418.5 A3-3489 A3-3489.3A	B3-3340.4 B3-4305 B3-3338.2A B3-4301	HO-262.8	HHA-248	SNF-334	AB-00-107	Identification of Liability and No-Fault Situations
5	20.2	A3-3409 A3-3409.1 A3-3409.2	B3-3330.1 B3-3330.2 B3-4305					Identify Claims with Possible WC Coverage
5	20.3		B3-4304					Medicare Claims Where Veterans' Affairs (VA) Liability May Be Involved
5	20.3.1		B3-4304.1 B3-4304.2					VA Payment Safeguards
5	30	A3-3686						Develop Claims for Medicare Secondary Benefits
5	30.1	A3-3686.1						Further Development Is Not Necessary
5	30.2							Further Development Is Required

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	30.3	A3-3491 A3-3686 A3-3492.I	B3-4302 B3-3328.6	HO-253	HHA-253	SNF-336		GHP May Be Primary to Medicare
5	30.3.1		B3-4301.1D				B-01-033	Limits on Development
5	30.3.2		B3-4303					Develop ESRD Claims Where Basis for Medicare Entitlement Changes
5	30.4	A3-3409.3 A3-3409.9	B3-3330.3		HHA-250.19	SNF-329.7		Workers' Compensation Responses
5	30.4.1		B3-3330.4					Patient Receives Concurrent Services Which Are Not Work-Related
5	30.5	A3-3489.3B						No-Fault Responses
5	30.5.1		B3-3338.4					No-fault Insurer Denies That It Is the Primary Payer
5	30.5.2	A3-3489.4	B3-3338.5	HO-262.12	HHA-248.4	SNF-334.4		No-Fault Insurance Does Not Pay All Charges Because of a Deductible or Coinsurance Provision in Policy
5	30.5.3	A3-3489.5	B3-3338.6	HO-262.12 HO-262.13	HHA-248.4 HHA-248.5	SNF-334.4 SNF-334.5		State Law or Contract Provides That No-Fault Insurance Is Secondary to Other Insurance
5	30.6	A3-3489.6	B3-3338.7 B3-3340.7					Liability Claim Is Filed and There is Also Coverage Under Automobile or Non-Automobile Medical or No-Fault Insurance
5	30.7	A3-3686	B3-3328.7					Beneficiary Refuses to Provide Requested Information
5	30.8	A3-3491.5 A3-3490.3		HO-263.3 HO-264.7	HHA-252.7 HHA-253.6	SNF-335.7 SNF-336.6		Audit Trail of Primary Coverage
5	40							FI and Carrier Claim Processing Rules
5	40.1	A3-3490.3 IM3491	B3-3328.7					Claim Indicates Medicare is the Primary Pay

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	40.1.1	A3-3409.4	B3-3330.5					Facts Indicate Reasonable Likelihood of Workers' Compensation Coverage (Other Than Federal Black Lung Benefits)
5	40.1.1.1	A3-3409.5	B3-3330.6A					The Beneficiary Is on the Black Lung Entitlement Rolls
5	40.1.2	A3-3490.16A A3-3491.17A	B3-3329.4A	HO-263.17 HO-264.17	HHA-253.16 HHA-253.17	SNF-335.17 SNF-336.17		Services by Outside Sources Not Covered
5	40.1.2.1	A3-3490.16B A3-3491.17B	B3-3329.4B	HO-263.17 HO-264.17	HHA-252.17 HHA-253.16	SNF-335.17 SNF-336.17		Exception
5	40.1.3	A3-3490.16C A3-3491.17C	B3-3329.4	HO-263.17 HO-264.17	HHA-252.17 HHA-253.16	SNF-335.17 SNF-336.17		Notice to Beneficiary
5	40.2	A3-3490.16D A3-3491.17DC	B3-3329.4D	HO-264.17	HHA-252.17	SNF-335.17		Update CWF MSP Auxiliary File
5	40.2.1		B3-3338.2C.1	HO-263.17	HHA-253.16	SNF-336.17		Action if Payment Has Been Made Under No-Fault Insurance
5	40.3		B3-3328.7					Processing Part B Claims Involving GHPs
5	40.3.1	A3-3491.9 A3-3490.3D A3-3490.3F	B3-3328.4 B3-3328.C1 B3-3328.5	HO-263.10	HHA-253.10	SNF-336.10		GHP Denies Payment for Primary Benefits
5	40.3.2		B3-3328.8					GHP Does Not Pay Because of Deductible or Coinsurance Provision
5	40.3.3		B3-3328.9					GHP Gives Medicare Beneficiary Choice of Using Preferred Provider
5	40.4		B3-3328.2					GHP Pays Primary
5	40.4.1		B3-3328.2					GHP Pays Charges in Full
5	40.4.2		B3-3328.3					GHP Pays Portion of Charges

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	40.4.3	A3-3490.13	B3-3328.16					GHP Pays Primary Benefits When Not Required
5	40.5		B3-3328.14					Primary Payer Is Bankrupt or Insolvent
5	40.5.1		B3-3328.14B					Billing Beneficiaries During the Liquidation Process
5	40.5.2		B3-3328.14C					When to Make a Medicare Secondary Payment
5	40.5.3		B3-3328.14D					Amount of Secondary Payment
5	40.5.4		B3-3328.14E					Time Limits for Filing Secondary Claims After Liquidation Process
5	40.6	A3-3490.3E A3-3682.5B A3-3682.5E A3-3682.5G						Conditional Primary Medicare Benefits
5	40.6.1	A3-3407.6B A3-3682	B3-3338.3 B3-2370.6					Conditional Medicare Payment
5	40.6.2	A3-3690.3F A3-3489.8 A3-3682.5D A3-3682.5E A3-3682.5G	B3-3338.3	HO-262.14	HHA-248.6	SNF-334.6		When Primary Benefits and Conditional Primary Medicare Benefits Are Not Payable
5	40.6.3		B3-3328.C1					Conditional Primary Payment in Cases Involving a Denied Claim That Was Appealed
5	40.7		B3-4301.1					Carrier Processing Procedures for Medicare Secondary Claims
5	40.7.1							Crediting the Part B Deductible
5	40.7.2		B3-4301.1 B3-3328.20					Medicare Payment Calculation Methodology

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	40.7.3		B3-3328.20					Medicare Secondary Payment Calculation Methodology for Services Reimbursed on Reasonable Charge or Other Basis Under Part B
5	40.7.4		B3-3328.20B					Effect of Medicare Limiting Charge on Medicare Secondary Payments
5	40.7.4.1		B3-3328.20C					GHP Does Not Pay for Certain Services
5	40.7.4.2		B3-3328.20D					Third Party Payment Includes Both Medicare Covered and Noncovered Services
5	40.7.5		B3-3328.21					Effect of Failure to File Proper Claim
5	40.7.6		B3-3328.23					Medicare Secondary Payment for Managed Care Organizations' (MCO) Copayments
5	40.7.7		B3-3328.25					Charging Expenses Against Annual Limit on Incurred Expenses for Services of Independently Practicing Physical Therapists
5	40.8	A3-3490.3 A3-3685.B A3-3685.C		HO-475				Intermediary Processing Procedures for Medicare Secondary Claims
5	40.8.1	IM3497.2 IM3497.5 A3-3407B3 A3-3490.7 A3-3491.11 A3-3682 IM3497.5 A3-3685.A.1		HO-475				Medicare Secondary Payment Calculation Methodology When Proper Claim Has Been Filed

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	40.8.2	IM3497.5B A3-3685.A1 A3-3683 A3-3682.3B6 A3-3682.4B4 A3-3685.D		HO-473 HO-475	HHA-498	SNF-573		Rule to Determine the Amount of Secondary Benefits
5	40.8.3	A3-3682.1B6 A3-3683 A3-3685.C		HO-472.3 HO-473 HO-475	HHA-498	SNF-574		Application of the MSP Formula
5	40.8.4	A3-3682.2						PIP Reduction
5	40.8.5	A3-3682.2.A A3-3682.1C		HO-472.3				MSP Part B Claims (Outpatient and Other Part B Services, Home Health Part B and Ancillary Services When Part A Benefits are Exhausted)
5	40.8.6	A3-3695.A		HO-477				MSP Outpatient Claims Involving LAB Charges Paid by Fee Schedule
5	40.8.6.1	A3-3695.B						Prorating Primary Payments
5	40.8.6.2	A3-3695.C						Calculation of Deductible and Coinsurance
5	40.8.7	IM3497.5 IM3497.6						Calculating Medicare Secondary Payments When Proper Claim Has Not Been Filed With Third Party Payer
5	40.8.8	A3-3682.B3 A3-3682.1B A3-3685.A3 IM3497.6 IM3497.7		HO-472.3 HO-475				Determining Patient Utilization Days, Deductible, and Coinsurance Amounts
5	40.8.9	A3-3684		HO-474		SNF-574		Benefits Exhausted Situations When Medicare Is Secondary Payer for Reasonable Cost Providers

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	40.8.10	A3-3688		HO-476		SNF-575		Deductible and/or Coinsurance Rates Spanning Two Calendar Years
5	40.8.11	A3-3682.1A A3-3682.3A		HO-472.3				Submit Data to CWF When Full Payment Made by Primary Payer
5	40.8.12	A3-3682.1A A3-3682.B7 A3-3682.1B7 A3-3682.2B5		HO-472.3				Submit Data to CWF When Partial Payment Made by Primary Payer
5	50		B3-4306					MSP Pay Modules to Calculate Medicare Secondary Payment Amount
5	50.1		B3-4306					Medicare Secondary Payer (MSP) Payment Modules (MSPPAY) for Carriers
5	50.1.1	A3-3697.B	B3-4306.B					Payment Calculation Processes for MSP Claims
5	50.1.2		B3-4306C					MSPPAY "Driver" Module
5	50.1.3		B3-4306D					Return Codes
5	50.1.4		B3-4306E					Executing and Testing MSPPAY Software
5	50.1.5		B3-4306F					Carrier MSPPAY Processing Requirements
5	50.1.6		B3-4306G					Error Resolution
5	50.1.7		B3-4306.1					Payment Calculation for Physician/Supplier Claims (MSPPAYB Module)
5	50.1.8		B3-4306.2					Payment Calculation for Physician/Supplier Claims (MSPPAYBL)
5	50.2	A3-3697						Medicare Secondary Payer (MSP) Payment Modules (MSPPAY) For Intermediaries
5	50.2.1	A3-3697						Payment Calculation Processes for MSP Claims
5	50.2.2	A3-3697.C						MSPPAY "Driver" Module

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	50.2.3	A3-3697.D						Return Codes
5	50.2.4	A3-3697.E						Installation
5	50.2.5	A3-3697.F						Intermediary Processing Requirements
5	50.2.6	A3-3697.G						Error Resolution
5	50.2.7	A3-3697.1 A3-3697.1A						Payment Calculation for Inpatient Bills (MSPPAYAI Module)
5	50.2.8	A3-3697.2						Payment Calculation for Outpatient Claims (MSPPAYOL)
5	50.2.8.1						A-03-006	MSPPAY Update to Apportion Prospective Payment System (PPS) Outlier Amounts to All Service Lines with Potential Outlier Involvement
5	50.2.9	A3-3697.3 A3-3697.3B						Payment Calculation for Outpatient Bills (MSPPAYAO Module)
5	50.3						AB-03-011	Multiple Primary Payer Amounts For a Single Service
5	60	A3-3899	B3-13450					MSP Reports
5	60.1	A3-3899.1	B3-13450.1					Monthly Intermediary Report (Form CMS-1563) and Monthly Carrier Report (Form CMS-1564) on Medicare Secondary Payer Savings
5	60.1.1	A3-3899.2 A3-3899.3 A3-3899.4	B3-13450.2 B3-13450.3 B3-13450.4					Overview of Report
5	60.1.2	A3-3899.5 A3-3418.25	B3-13450.5					Savings Calculations
5	60.1.3	A3-3899.6	B3-13450.6					Recording Savings
5	60.1.3.1	A3-3899.7	B3-13450.7					Source of Savings

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	60.1.3.2	A3-3899.8	B3-13450.8					Type of Savings
5	60.1.3.2.1	A3-3899.8A	B3-13450.8					Unpaid (Cost Avoided) MSP Claims
5	60.1.3.2.2	A3-3899.8	B3-13450					Full Recoveries
5	60.1.3.2.3	A3-3899.8	B3-13450					Partial Recoveries
5	60.1.3.2.4	A3-3899.8	B3-13450					Totals
5	60.1.3.2.5	A3-3899.8	B3-13450.8					Pending Claims/Cases
5	60.1.3.3	A3-3899.9	B3-13450.9					Electronic Submission
5	60.1.3.3.1	A3-3899.9	B3-13450.9					Data Entry of the Forms CMS-1563 and CMS-1564
5	60.1.3.3.2	A3-3899.9	B3-13450.9					Edits for Forms CMS-1563 and CMS-1564
5	60.2	A3-3418.26						Liability Settlement Tracking Report
5	70	A3-3693		HO-480				Hospital Review Protocol for Medicare Secondary Payer
5	70.1	A3-3691.1		HO-480.1 HO-480.2 HO-480.4				Reviewing Hospital Files
5	70.1.1	A3-3693.2		HO-480.3 HO-480.6				Frequency of Reviews and Hospital Selection Criteria
5	70.1.2	A3-3693.3		HO-480.5				Methodology for Review of Admission and Bill Processing Procedures
5	70.2	A3-3693.4		HO-480.7				Selection of Bill Sample
5	70.3	A3-3693.5		HO-480.8				Methodology for Review of Hospital Billing Data
5	70.3.1	A3-3693.5C		HO-480.5C				Review of Form CMS-1450
5	70.3.1.1	A3-3693.5C1						General Review Requirements
5	70.3.1.2	A3-3693.5C2						Working Aged Bills

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Subject
5	70.3.1.3	A3-3693.5C3						Accident Bills
5	70.3.1.4	A3-3693.5C4						Workers' Compensation Bills
5	70.3.1.5	A3-3693.5C5						ESRD Bills
5	70.3.1.6	A3-3693.5C6						Bills for Federal Government Programs
5	70.3.1.7	A3-3693.5C7						Disability Bills
5	70.3.2	A3-3693.5D						Use of Systems Files for Review
5	70.3.3	A3-3693.6		HO-480.6				Review of Hospitals With Online Admissions Query
5	70.4	A3-3693.7		HO-480.7				Assessment of Hospital Review
5	70.5	A3-3693.8						Exhibits
5	70.5.1							Exhibit 1: Assessment of Medicare Secondary Payer Hospital Review
5	70.5.2							Exhibit 2: Survey of Bills Reviewed
5	70.5.3							Exhibit 3: Entrance Interview Checklist
5	70.5.4							Exhibit 4: Entrance Interview Checklist: Billing Procedures
5	Att 1						AB-03-081a	Electronic Correspondence Referral System (ECRS) User Guide v6.0
5	Att 2						AB-03-081b	Electronic Correspondence Referral System (ECRS) - Quick Reference Card