

Medicare Secondary Payer (MSP) Manual

Chapter 3 - MSP Provider Billing Requirements

Crosswalk

New Chap	New Section	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	HHA Pub. 11	SNF Pub. 12	PMs	Description
3	10	A3-3491.14	B3-3328.15	HO-263.14	HHA-253.13	SNF-336.14		General
3	10.1							Definitions of Provider of Service, Health Care Provider, and Supplier of Services
3	10.2	A3-3491.7 A3-3490.11 A3-3497.8 IM3497.8		HO-263.8 HO-264.14 HO-263.8 HO-264.14	HHA-252.14 HHA-253.8	SNF-336.8 SNF-335.14		Limitation on Right to Charge a Beneficiary
3	10.2.1	A3-3328.24						Right of Physician or Supplier to Charge Beneficiary
3	10.3	A3-3682 A3-3682.3		HO-264.9 HO-469 HO-472	HHA-252.9 HHA-494	SNF-335.9 SNF-569		Situations in Which MSP Billing Applies
3	10.4	A3-3489.2C		HO-262.4 HO-262.10	HHA-248.2 HHA-251.4	SNF-332.4 SNF-334.2		Provider Responsibility When a Request is Received From an Insurance Company or Attorney
3	10.5	A3-3489.2D IM3497.9	B3-3328.24C	HO-262.4 HO-262.10 HO-289.24 HO-484.7	HHA-250.23 HHA-251.4 HHA-248.2	SNF-332.4 SNF-334.2		Provider Responsibility When Duplicate Payments Are Received

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3	10.6			HO-263.15 HO-264.15	HHA-252.15	SNF-335.15 SNF-336.15		Incorrect GHP Primary Payments
3	10.7	A3-3418.29		HO-264.3	HHA-252.3	SNF-335.3		Retroactive Application
3	10.8							Medicare Health Maintenance Organization (HMO) Contracts
3	20	A3-3490.12 A3-3491.4 A3-3418.4 A3-3489.2 A3-3492D		HO-262.4 HO-262.10 HO-248.2 HO-263.5 HO-264.7 HO-300 HO-301	HHA-251.4 HHA-252.7 HHA-253.5 HHA-341	SNF-332.4 SNF-334.2 SNF-401 SNF-335.7 SNF-336.5 SNF-337	A-01-116 A-02-021 A-03-031	Obtain Information From Patient or Representative at Admission or Start of Care
3	20.1						A-02-021	General Policy
3	20.2			HO-301.1				Verification of Medicare Secondary Payer (MSP) Online Data and Use of Admission Questions
3	20.2.1			HO-301.2				Admission Questions to Ask Medicare Beneficiaries
3	20.2.2			HO-301.3				Documentation to Support the Admission Process
3	30							Provider Billing (Section heading only)

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3	30.1	A3-3491 A3-3491.6 A3-3491.6B A3-3490 A3-3490.12B1 A3-3490.12B2		HO-262.4 HO-263.1 HO-263.7 HO-264 HO-264.9 HO-289.11	HHA-250.11 HHA-251.4 HHA-252 HHA-252.9 HHA-253.1 HHA-253.7	SNF-327 SNF-332.4 SNF-335 SNF-335.9 SNF-336.1 SNF-336.7		Health Care Provider Billing Where Services Are Covered by a GHP
3	30.2	A3-3489.2B		HO-262.4	HHA-251.4	SNF-332.4		Provider Billing Where Services Are Accident Related
3	30.2.1	A3-3489 A3-3408.1B		HO-262.8 HO-262.10 HO-262.14 HO-289.12	HHA-248 HHA-248.2 HHA-248.6 HHA-250.12	SNF-327.1 SNF-334 SNF-334.2 SNF-334.8		Health Care Provider Bills Automobile Medical or No-Fault Insurer First
3	30.2.1.1	A3-3682.5A A3-3689.2		HO-262.11 HO-289.14 HO-262.10	HHA-248.3 HHA-248.2 HHA-250.14	SNF-329 SNF-334 SNF-334.2		No-Fault Insurance Does Not Pay
3	30.2.1.2	A3-3489.2B3		HO-289.5 HO-289.14 HO-262.10	HHA-250.14 HHA-250.5 HHA-248.2	SNF-329 SNF-325.5 SNF-334.2		Liability Claim Also Involved
3	30.2.1.3	A3-3489.2B4		HO-262.10	HHA-248.2	SNF-334.2		No-fault Payment is Reduced Because Proper Claim Not Filed
3	30.2.2	A3-3408.1A A3-3408.2 A3-3408.4		HO-289.12 HO-289.13 HO-289.14	HHA-250.12 HHA-250.13 HHA-250.14	SNF-327.1 SNF-327.2 SNF-329		Responsibility of Provider Where Benefits May Be Payable Under Workers' Compensation
3	30.2.3	A3-3408.3		HO-289.14 HO-289.18	HHA-250.14 HHA-250.18	SNF-329.3 SNF-329		Responsibility of Provider Where Benefits May be Payable Under the Federal Black Lung (BL) Program

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3	30.3	A3-3492.E A3-3408				SNF-337		Provider Billing Medicare for Secondary Benefits
3	30.4						AB-03-011	Instructions to Providers On How to Submit Claims to a Medicare Intermediary When There Are Multiple Primary Payers
3	30.5						AB-03-111	Instructions to Physicians and Suppliers On How to Submit Claims to a Medicare Carrier When There Are Multiple Primary Payers
3	40	A3-3682		HO-264.9 HO-469 HO-471 HO-472 HO-475 HO-470	HHA-494 HHA-252.9 HHA-495 HHA-496 HHA-497	SNF-335.9 SNF-569 SNF-571 SNF-572 SNF-570		Completing the Form CMS-1450 in MSP Situations by Providers of Service
3	40.1	A3-3682.1 A3-3682.3		HO-472.1 HO-472.3	HHA-264.11 HHA-252.11	SNF-335.11		Full Payment by the Primary Payer (Section heading only)
3	40.1.1							Inpatient Services
3	40.1.2	A3-3682 A3-3682.4		HO-264.9 HO-469 HO-472.2	HHA-494 HHA-252.9	SNF-335.9 SNF-569		Outpatient Bills, Part B Inpatient Services, and HHA Bills
3	40.2	A3-3682.1B IM3497.2		HO-263.11	HHA-253.11 HHA-264.10 HHA-252.10	SNF-336.11 SNF-335.10		Partial Payment by Primary Payer

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3	40.2.1	A3-3682.1B		HO-472.3				Partial Payment by Primary Payer for Inpatient Services, Outpatient Services, Part B Inpatient Services, and HHA Bills
3	40.2.2	A3-3682.2B A3-3682.2B3 A3-3682.1B5 A3-3682.3B5 A3-3682.4B3 A3-3682.5 A3-3685.A2		HO-264.9 HO-472 HO-472.3	HHA-252.9	SNF-335.9		Partial Payment by Primary Payer That Applies to Medicare Covered Services
3	40.3	A3-3491.9D A3-3682.5		HO-263.10 HO-472.3	HHA-253.10	SNF-336.10		Annotation of Claims Denied by GHP's, Liability or No-Fault Insurers
3	40.3.1	A3-3682.5		HO-289.21	HHA-250.20	SNF-330		Annotation of Claims to Request Conditional Payments
3	50							Summary of MSP Data Elements for Form CMS-1450 (UB-92)
3	60		B3-4020.1					Completing the Form CMS-1500 in MSP Situations by Suppliers of Service