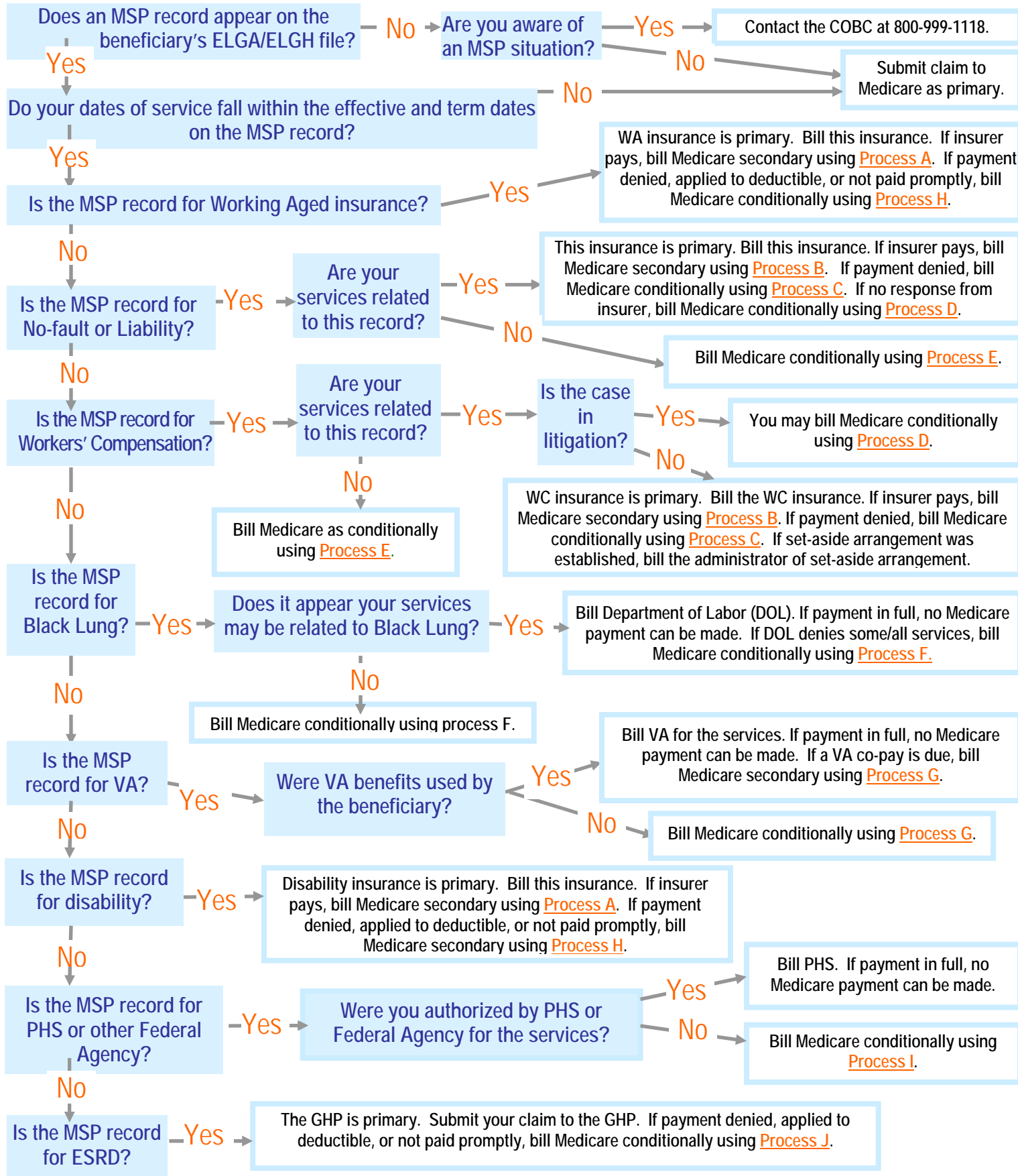


Medicare Secondary Payer (MSP) Billing



NOTE: If ELGH/ELGA lists multiple records, use chart for each record shown.
If ELGH/ELGA record is incorrect, contact COB contractor at 800-999-1118.

Process A: Working Aged or Disability insurance is primary. Billing Medicare secondary.

Submit your claim to the primary insurance. After receiving payment from the primary insurance, you may bill Medicare secondary using the following instructions.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	VALUE CODES	FL 39-41	Enter the value codes "12" to indicate Working Aged insurance, or "43" to indicate Disability insurance and the amount you were paid by the primary insurance. Enter value code '44' and amount if you are contractually obligated to accept an amount less than the total charges as your payment in full. Bill any other value code as usual.
3	CD	N/A	Enter payer code "A" if working aged or "G" if disability on line A. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known), on line A.
4	REMARKS	FL 65	Enter the employer's name and address that provides the primary insurance.
5	INSURED NAME	FL 58	Enter the Insured's name (the name of the employee that carries the working aged/disability insurance) on line A. Enter the beneficiary's name on line B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship to the insured on line A. (See "MSP Billing Codes" below.)
5	CERT-SSN-HIC	FL 60	Enter the primary payer's policy number (if available on ELGA) on line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided on line A (if known).
5	INS GROUP NUMBER	FL 62	Enter the insurance group number of the plan through which the insurance is provided on line A (if known).
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

Process B: Services related to No-fault, Liability or Workers' Compensation (WC) record. Primary insurer billed and payment received. Billing Medicare secondary.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	Enter the appropriate occurrence code (01 for med-pay, 02 for no fault, 03 for liability, under- or un-insured, or 04 for WC) and date of accident/injury based on the MSP record. (See " <i>MSP Billing Codes</i> " below.)
1	VALUE CODES	FL 39-41	Enter the appropriate value code (14 for no-fault/med-pay, 47 for liability or 15 for WC) and the amount you were paid by the insurer. Enter value code '44' and amount if you are contractually obligated to accept an amount less than the total charges as your payment in full.
3	CD	N/A	Enter the appropriate payer code (D for no fault/med-pay, L for liability, E for WC) on line A. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80 / 65	Enter remarks indicating services related to accident. Billing Medicare secondary. If WC, also enter employer's name and address . Include any other pertinent information (i.e. claim number).
5	INSURED NAME	FL 58	Enter the insured's name (the name of the person/business that carries this insurance) on line A. Enter the beneficiary's name on line B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship to the insured on line A. (See " <i>MSP Billing Codes</i> " below.) Enter the appropriate patient relationship code (18 for self, 20 if employee, 41 injured plaintiff or 21 for unknown) on line A.
5	CERT-SSN-HIC	FL 60	Enter the primary payer's policy number (if available on ELGA) on line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided on line A (if known).
5	INS GROUP NUMBER	FL 62	Enter the insurance group number of the plan through which the insurance is provided on line A (if known).
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

Process C: Services related to No-fault, Liability, or Workers' Compensation (WC) record. Primary insurer billed and denial received (e.g. insurance denied payment, benefits exhausted. Billing Medicare conditionally.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	Enter occurrence code '24' and the date the insurer denied payment. Enter the appropriate occurrence code (01 for med-pay, 02 for no fault, 03 for liability, under- or un-insured, or 04 for WC) and date based on the MSP record. (See " <i>MSP Billing Codes</i> " below.) Bill any other occurrence codes as usual.
1	VALUE CODES	FL 39-41	Enter the appropriate value code (14 for no-fault, 47 for liability, 15 for workers' compensation). Enter zeros (0000.00) in the amount field. Bill any other value codes as usual.
3	CD	N/A	Enter payer code 'C' on line A. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80 / 65	Enter a remark to indicate services denied by primary insurer and the reason for denial. If WC, also enter employer name and address .
5	INSURED NAME	FL 58	Enter the insured's name (the name of the person/business that carries this insurance) on line A. Enter the beneficiary's name on line B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship to the insured on line A. (See " <i>MSP Billing Codes</i> " below.)
5	CERT-SSN-HIC	FL 60	Enter the primary payer's policy number (if available on ELGA) on line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided (if known).
5	INS GROUP NUMBER	FL 62	Enter the insurance group number of the plan through which the insurance is provided on line A (if known).
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

Process D: Services related to No-fault, Liability or Workers' Compensation (WC) record. Primary insurer billed, and no response received from insurer. If WC, case is in litigation. Billing Medicare conditionally.

If you have submitted your claim to the primary insurance, and have not received a response from the no-fault/liability insurer AND 120 days have passed since your first date of service, you may bill Medicare conditionally using the following instructions. If WC, you must withdraw any lien filed against a pending settlement.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	COND CODES	FL 18-28	If WC, enter condition code '02' to indicate the condition is employment related.
1	OCC CDS/DATE	FL 31-34	Enter occurrence code '24' and the date of last contact with the insurance/attorney. Enter the appropriate occurrence code (01 for med-pay, 02 for no fault, 03 for liability, under- or un-insured, or 04 for WC) and date based on the MSP record.
1	VALUE CODES	FL 39-41	Enter appropriate value code (14 for no-fault, 47 for liability or 15 for WC. Enter zeros (0000.00) for the amount .
3	CD	FL 50	Enter the payer code 'C' on line A. Enter payer code "Z" on line B for Medicare.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80 / 65	Enter a remark to indicate no response from primary insurer, and billing Medicare conditionally. If WC, also enter employer's name and address . If an attorney is involved, enter the name and address.
5	INSURED NAME	FL 58	Enter the insured's name (the name of the person/business that carries this insurance) on line A. Enter the beneficiary's name on line B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship to the insured on line A. (See "MSP Billing Codes" below.)
5	CERT-SSN-HIC	FL 60	Enter the primary payer's policy number (if available on ELGA) on line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided on Line A (if known).
5	INS GROUP NUMBER	FL 62	Enter the insurance group number of the plan through which the insurance is provided on line A (if known).
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

Process E: Services unrelated to No-fault, Liability or Workers' Compensation record. Billing Medicare conditionally. (See Note below.)

A no-fault, liability or workers' compensation record appears on ELGH/ELGA, which overlaps the dates of service for which you are billing. However, your services are unrelated to this record. You must bill Medicare indicating your services are unrelated to the record.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	Enter occurrence code '24' and the date you determined services were unrelated, or "To" date of claim (if date unknown). Enter the appropriate occurrence code and date based on the MSP record on ELGH/ELGA (01 for med-pay, 02 for no fault, 03 for liability, under- or un-insured, or 04 for WC). (See " <i>MSP Billing Codes</i> " below.)
1	VALUE CODES	FL 39-41	Enter the appropriate value code (14 for auto/no-fault/med-pay, 47 for liability or 15 for WC) as it appears on the ELGH/ELGA record. Enter zeros (0000.00) for the amount .
3	CD	N/A	Enter payer code "C" on Line A. Enter payer code "Z" on line B for Medicare.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80	Enter a remark to indicate services are unrelated to record on ELGH/ELGA.
5	INSURED NAME	FL 58	Enter the insured's name (the name of the person/business that carries this insurance) on line A. Enter the beneficiary's name on line B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship to the insured on line A. (See " <i>MSP Billing Codes</i> " below.)
5	CERT-SSN-HIC	FL 60	Enter the primary payer's policy number (if available on ELGA) on line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided on Line A (if known).
5	INS GROUP NUMBER	FL 62	Enter the insurance group number of the plan through which the insurance is provided on line A (if known).

NOTE:

If your claim includes a trauma diagnosis (i.e. 800-999) or E-code which is unrelated to the current record on ELGA, and **another insurer is liable**, contact the COBC (1-800-999-1118) to report the accident. Bill the claim using Process B (if other insurer had paid) or Process D (if other insurer has not paid and you are billing conditionally).

If your claim includes a trauma diagnosis (i.e. 800-999) or E-code which is unrelated to the current record on ELGA, and **there is no other insurer liable**, bill your claim using Process E. In addition, include an occurrence code (FL 31-34) '05' and date of accident resulting in these injuries. In remarks (FL80), explain why there is no insurer liable.

Process F: Services do not appear related to Black Lung OR Services related to Black Lung and some/all services were denied by Department of Labor (DOL) (see Note below). Billing Medicare conditionally.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	If services were denied by DOL, enter occurrence code '24' and the date of the denial.
1	VALUE CODES	FL 39-41	Enter value code '41' . Enter zeros (0000.00) if all services denied, or if services unrelated to BL. If DOL denied some services, enter the amount paid by DOL.
3	CD	N/A	If services are unrelated to BL, or DOL denied all services, enter payer code "C" on line A. If DOL denied some services, enter payer code "H" on line A. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter name of black lung insurer (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80	If services are unrelated to BL, enter a remark to indicate why the services are unrelated. If services were denied by DOL, the claim must include DOL's denial notice (see Note below).
5	INSURED NAME	FL 58	Enter the beneficiary's name in the insured's name field on line A and B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship code '18' on line A.
5	CERT-SSN-HIC	FL 60	Enter the patient's Black Lung Identification number on Line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided on Line A (if known).
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

NOTE: If the services appear to be related to Black Lung, they must be billed to Department of Labor (DOL) before billing Medicare. If services are denied by DOL, a **hardcopy** claim must be submitted to Medicare. A copy of DOL's denial notice, giving the specific reason for nonpayment, must be included with your hardcopy claim, and mailed to:

**Black Lung Claims- Station 47
PO Box 9169
Des Moines, IA 50306-9169**

Process G: Veterans Administration benefits were not used. Billing Medicare conditionally. OR A co-pay is due to VA. Billing Medicare secondary.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	If VA benefits were not used, or if VA did not pay, enter occurrence code '24' and the date the patient opted not to use VA coverage, or the date of the denial.
1	VALUE CODES	FL 39-41	If VA benefits were not used, or if no payment was made by VA, enter value code '42' and zeros (0000.00) for the amount . If some services were paid by the VA, enter value code '42' and the amount authorized/paid by VA, and enter value code '44' and amount if you are contractually obligated to accept an amount less than the total charges as your payment in full..
3	CD	N/A	If VA benefits were not used, or if no payment was made by VA, enter payer code "C" on line A. If some services were paid by VA, enter payer code "I" on line A. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter 'Veterans Administration' in the payer name field on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80	Enter remark to indicate billing Medicare conditionally/secondary and reason why.
5	INSURED NAME	FL 58	Enter the beneficiary's name in the insured's name field on line A and B.
5	SEX	N/A	Enter the beneficiary's sex code (F or M) on line A and B.
5	DOB	N/A	Enter the beneficiary's date of birth (MMDDCCYY) on line A and B.
5	REL	FL 59	Enter the patient relationship code "18" on line A.
5	CERT-SSN-HIC	FL 60	Enter the Veteran's Administration identification number on line A. Enter the beneficiary's HIC number on line B.
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the Veteran's Administration address, city, state and zip (as it appears on ELGA).

Process H: Disability insurance OR Working Aged insurance is primary and payment denied, applied to deductible or not paid promptly. Billing Medicare conditionally.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	Enter occurrence code '24' and the date of Explanation of Benefits (EOB) or date of last contact with the insurer.
1	VALUE CODES	FL 39-41	Enter the appropriate value code (43 for disability or 12 for Working Aged). Enter zeros (0000.00) in the amount field. Also, enter value code '44' and amount if you are contractually obligated to accept an amount less than the total charges as your payment in full.
3	CD	N/A	Enter payer code "C" on line A. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80 / 65	Enter a remark to indicate reason why no payment was made. Enter the employer's name and address that provides the primary insurance.
5	INSURED NAME	FL 58	Enter the insured's name (name of the person that carries the disability insurance) on line A. Enter the beneficiary's name on line B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship to the insured on line A. (See "MSP Billing Codes" below.)
5	CERT-SSN-HIC	FL 60	Enter the primary payer's policy number on line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided (if known).
5	INS GROUP NUMBER	FL 62	Enter the insurance group number of the plan through which the insurance is provided on line A (if known).
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

Process I: Public Health Services (PHS) or other Federal Agency is primary. Services were not authorized or are unrelated to PHS/Federal Agency. Billing Medicare conditionally.

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	Enter occurrence code '24' and the date the services were denied, or the date you determined the services were unrelated.
1	VALUE CODES	FL 39-41	Enter the value codes "16" to indicate PHS. Enter zeros (0000.00) in the amount field.
3	CD	N/A	Enter payer code "C" on Line A. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter "Medicare" on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 80 / 65	Enter a remark to indicate reason why services are unrelated or were not covered by PHS/other Federal Agency.
5	INSURED NAME	FL 58	Enter the beneficiary's name in the insured's name field on line A and B.
5	SEX	N/A	Enter the beneficiary's sex code on line A and B.
5	DOB	N/A	Enter the beneficiary's DOB on line A and B.
5	REL	FL 59	Enter the patient relationship code "18" on line A.
5	CERT-SSN-HIC	FL 60	Enter the PHS/Federal Agency identification number on line, if available. Enter the beneficiary's HIC number on line B.
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

Process J: Group Health Plan (GHP) is primary for 30-month ESRD coordination period. Primary insurer billed and payment/denial received, applied to deductible, or not paid promptly. Billing Medicare conditionally. (Services after the 30-month coordination period are billed to Medicare as primary.)

FISS Pg	FISS Field	UB-04 FL	MSP Billing Instructions (**NOTE: Bill all other fields as usual**)
1	OCC CDS/DATE	FL 31-34	Enter occurrence code '33' and date 30-month coordination period started. If services denied, applied to deductible, or not made promptly, also enter occurrence code '24' and the date of the explanation of benefits (EOB) or date of last contact with primary insurer.
1	VALUE CODES	FL 39-41	Enter value code '13' . Enter the amount paid by GHP. Enter zeros (0000.00) if the services were denied by the GHP, applied to deductible, or not made promptly. Enter value code '44' and amount if you are contractually obligated to accept an amount less than the total charges as your payment in full.
3	CD	N/A	Enter payer code "B" on Line A if primary insurer paid. Enter payer code "C" if primary insurer payment denied, applied to deductible, or not made promptly. Enter payer code "Z" on line B.
3	PAYER	FL 50	Enter the primary insurer's name (as it appears on ELGA) on line A. Enter 'Medicare' on line B.
3	OSCAR	FL 51	Enter your provider number for the primary payer (if known) on line A.
4	REMARKS	FL 65/80	Enter the employer's name and address that provides the primary insurance. If no payment was made, enter a remark to explain why no payment was made.
5	INSURED NAME	FL 58	Enter the insured's name (the name of the person that carries this insurance) on line A. Enter the beneficiary's name on line B.
5	SEX	N/A	Enter the insured's sex code (F or M) on line A. Enter the beneficiary's sex code on line B.
5	DOB	N/A	Enter the insured's date of birth (MMDDCCYY) on line A. Enter the beneficiary's DOB on line B.
5	REL	FL 59	Enter the code for the patient's relationship to the insured on line A.
5	CERT-SSN-HIC	FL 60	Enter the primary payer's policy number on line A. Enter the beneficiary's HIC number on line B.
5	GROUP NAME	FL 61	Enter the group name or plan through which the insurance is provided on Line A (if known).
5	INS GROUP NUMBER	FL 62	Enter the insurance group number of the plan through which the insurance is provided on Line A (if known).
6	1 st INSURERS ADDRESS, CITY, ST, ZIP	N/A	Enter the insurance company's address, city, state and zip (as it appears on ELGA).

For a list of MSP condition codes, occurrence codes, value codes, payer codes and relationship codes, see **"MSP Billing Codes" on next page**

For more information about MSP, see the
"Medicare Secondary Payer Manual" (CMS Pub. 100-05) available at
<http://www.cms.hhs.gov/Manuals/IOM/list.asp>

Medicare Secondary Payer (MSP) Billing Codes (FISS Field/UB-04 FL)

Condition Codes (COND CODES/FL18-28)

Code	Description
02	Condition is employment related
03	Patient covered by insurance not reflected here
05	Lien has been filed
06	ESRD patient in first 30 months of entitlement
08	Beneficiary would not provide information concerning other insurance coverage
09	Neither patient nor spouse is employed
10	Patient and/or spouse is employed but no EGHP coverage exists
11	Disabled beneficiary but no LGHP coverage
28	Patient and/or spouse's EGHP is secondary
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare
77	Provider accepts or is obligated/required due to a contractual agreement or law to accept payment by a primary payer as payment in full. No Medicare payment will be made.

Occurrence Codes (OCC CDS/DATES / FL31-34)

Code	Description
01	Accident - beneficiary's medical payment coverage
02	No fault insurance involved (use with VC 14)
03	Accident - liability (includes underinsured and uninsured) (use with VC 47)
04	Accident/employment related (use with VC 15)
06	Crime victim
18	Date of retirement patient/beneficiary
19	Date of retirement spouse
24	Date insurance denied
33	First day of coordination period for ESRD beneficiaries covered by EGHP
A3	Benefits exhausted (payer A)

Description	Value Codes	Payer Codes
	VALUE CODES/FL39-41	PAYER/FL50
Working aged beneficiary/spouse with EGHP	12	A
ESRD beneficiary in 30-month coordination period with an EGHP	13	B
No-fault, including auto/other	14	D
Workers' compensation	15	E
Public health service (PHS) or other federal agency (Ex: crime victim, drug trial)	16	F
Black lung	41	H
Veteran's administration	42	I
Disabled beneficiary under age 65 with large group health plan (LGHP)	43	G
Amount provider agreed to accept from primary payer when this amount is less than charges, but higher than payment received, then a Medicare secondary payment is due (Enter the total amount you agreed to or are obligated to accept.)	44	Use appropriate Payer Code A-I or L
Liability insurance	47	L
Conditional payment (payment denied, applied to deductible, or services unrelated)	Any of the above	C

Relationship Codes (REL/FL59)

Code	Description	Code	Description
01	Spouse	23	Sponsored dependent
04	Grandfather/grandmother	24	Dependent of minor dependent
05	Grandson/granddaughter	29	Significant other
07	Nephew/niece	32	Mother
10	Foster child	33	Father
15	Ward	36	Emancipated minor
17	Stepson/stepdaughter	39	Organ donor
18	Self	40	Cadaver donor
19	Child	41	Injured plaintiff
20	Employee	43	Child where insured has no financial responsibility
21	Unknown	53	Life partner
22	Handicap dependent	G8	Other relationship

For a complete list of all codes, go to the *Medicare Claims Processing Manual* (CMS Pub. 100-4, Ch. 25) available at <http://www.cms.hhs.gov/manuals/downloads/clm104c25.pdf>