

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – Are you billing correctly for ordered/referred services? Will you be impacted when the Centers for Medicare & Medicaid Services (CMS) turns on the edits for these services? See the revised MLN Matters® articles [SE1221](#), [SE1011](#), and MLN fact sheets “[Medicare Enrollment Guidelines for Ordering/Referring Providers](#)” and “[The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement](#)” to learn what you need to do.

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Important Reminder About Medicare Secondary Payer Laws

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and other suppliers that are taking payment from beneficiaries upon an office or hospital visit when the Medicare beneficiary has a group health plan that is primary to Medicare. The Centers for Medicare & Medicaid Services (CMS) is issuing this article as an important reminder and the article reflects no change in current Medicare policy.

Provider Action Needed



STOP – Impact to You

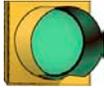
This article is based on information received from Medicare contractors (carriers and Medicare Administrative Contractors (MACs)) indicating that physicians, providers and other suppliers are requesting a Medicare deductible, coinsurance payment, or other payments from a beneficiary prior to or at the time of services being rendered when another payer is primary to Medicare.

Disclaimer

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**CAUTION – What You Need to Know**

It is against the Medicare Secondary Payer laws to accept payment from a beneficiary upon admission or when services are being rendered when another insurer is primary to Medicare. If you are performing this practice, you must stop immediately.

**GO – What You Need to Do**

Participating Medicare providers, physicians, and other suppliers must not accept from the beneficiary any co-payment, coinsurance, or other payments, upon services rendered when the primary payer is an employer Managed Care Organization (MCO) insurance, or any other type of primary insurance such as an employer group health plan. Providers must follow the Medicare Secondary Payer rules and bill Medicare as the secondary payer after the primary payer has made payment. Medicare will inform you on its remittance advice the amount you may collect from the beneficiary, if anything, after Medicare makes its payment. NOTE: In situations where you have taken payment from the beneficiary when services were rendered, the beneficiary has the right to recoup his/her payment from you when reimbursement is warranted.

Background

Section 1862(b)(2)(A)(i) of the Social Security Act precludes Medicare payment for services to the extent that payment has been made or can reasonably be expected to be made under a group health plan with respect to: (i) A beneficiary entitled to Medicare on the basis of ESRD during the first 30 months of that entitlement; (ii) A beneficiary who is age 65 or over, entitled to Medicare on the basis of age, and covered under the plan by virtue of his or her current employment status or the current employment status of a spouse of any age; or (iii) A beneficiary who is under age 65, entitled to Medicare on the basis of disability, and covered under the plan by virtue of his or her current employment status or the current employment status of a family member.

Additional Information

If you have any questions, please contact your carrier or MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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