



Financial Services Group

June 4, 2014

**Medicare Secondary Payer Mandatory Reporting Provisions in
Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007
(See 42 U.S.C. 1395y(b)(7)&(b)(8))**

**Technical Alert: Changes to the CJ07 Error Code to Coincide with the new
Reporting Threshold for Certain Liability Insurance (including Self-Insurance)
Settlements, Judgments Awards, or Other Payments**

CMS has clarified and provided further guidance regarding the CJ07 edit. As of January 1, 2015, the CJ07 edit will be returned on all Claim Input File Detail Records and Direct Data Entry (DDE) claim submissions that meet the following criteria:

- If the most recent TPOC Date is on or between October 1, 2012 and September 30, 2014 and the cumulative TPOC Amount is less than or equal to \$300
- If the most recent TPOC Date is on or after October 1, 2014 and the cumulative TPOC Amount is less than or equal to \$1000

The information included in this Alert supersedes the applicable language in the MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation User Guide (Version 4.2) and the MMSEA Section 111 Coordination of Benefits Secure Website (COBSW) User Guide (Version 7.6) and will be incorporated into subsequent versions of these User Guides.