CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 90	**Date: February 1, 2013**
	Change Request 8130

NOTE: This CR is being reissued to correct the annotation of "D" representing delete for manual section 50.2, with the correct annotation "R" representing revised on the transmittal page. The transmittal number, date issued and all other information remain the same.

SUBJECT: Inpatient Hospital Claims and Medicare Secondary Payer (MSP) Claims with Medicare Coinsurance Days and/or Medicare Lifetime Reserve Days Occurring in the Third or More Calendar Years

I. SUMMARY OF CHANGES: This CR revises Medicare systems to accurately process inpatient hospital claims and MSP claims with coinsurance and/or lifetime reserve days in the third or greater years.

EFFECTIVE DATE: July 1, 2013
IMPLEMENTATION DATE: July 1, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/Table of Contents
R	5/50.2/Medicare Secondary Payer (MSP) Payment Modules (MSPPAY) for Part A Contractors
R	5/50.2.3/Return Codes
R	5/50.2.4/Installation
R	5/50.2.5/Part A Processing Requirements
R	5/50.2.6/Error Resolution
R	5/50/50.2.7/Payment Calculation For Inpatient Bills (MSPPAYAI Module)

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor’s activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-05	Transmittal: 90	Date: February 1, 2013	Change Request: 8130

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SUBJECT: Inpatient Hospital Claims and Medicare Secondary Payer (MSP) Claims with Medicare Coinsurance Days and/or Medicare Lifetime Reserve Days Occurring in the Third or More Calendar Years

EFFECTIVE DATE: July 1, 2013
IMPLEMENTATION DATE: July 1, 2013

I. GENERAL INFORMATION

A. Background: Currently, inpatient hospital claims, including MSP claims, with coinsurance and/or lifetime reserve days occurring in the third or greater years are not processing through the Fiscal Intermediary Standard System (FISS). FISS is not able to calculate the coinsurance amount or lifetime reserve (LTR) amount beyond days applied in the first or second years. In the majority of inpatient admissions, full, coinsurance and lifetime reserve days are applied during the year of admission and the year of discharge. In other admissions, non-covered level of care spans are present that require available benefit days to be applied to a third and/or greater year.

B. Policy: This Change Request contains no new policy. It revises Medicare systems to accurately process inpatient hospital claims and MSP claims with coinsurance and/or lifetime reserve days in the third or greater years.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8130.1	FISS shall add new fields, for FISS internal use only, to the claim record for the 2nd, 3rd, 4th, 5th and 6th year coinsurance.							X				
8130.2	FISS shall add new fields, for FISS internal use only, to the claim record for 2nd, 3rd, 4th, 5th and 6th year LTR.							X				
8130.3	FISS shall update calculations to determine benefit application per calendar year for 6 years.							X				

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8130.4	FISS shall update extensions to calculate coinsurance amount per calendar year for 6 years and roll up 2nd through 6th year coinsurance days to field '2nd year coinsurance'.							X				
8130.5	FISS shall roll up 2nd through 6th year coinsurance amounts to value code 11.							X				
8130.6	FISS shall update extensions to calculate LTR amount per calendar year for 6 years and roll up 2nd through 6th year LTR days to field '2nd year LTR'.							X				
8130.7	FISS shall roll up 2nd through 6th year LTR amounts to value code 10.							X				
8130.8	CWF shall correct any coding issues identified in edits '2502' or '2507' that will not allow dates of service that span multiple years.										X	
8130.9	CWF shall identify and correct other edits that will not allow dates of service that span multiple years.										X	
8130.10	FISS shall update the Part A Medicare Secondary Payer Payment (MSPPAY) module to determine coinsurance and LTR benefit application per calendar year for 6 years.							X				
8130.11	FISS shall use current coinsurance and LTR calculations found in the MSPPAY module to determine coinsurance and LTR remaining benefits for the 2nd, 3rd, 4th, 5th and 6th year.							X				
8130.12	FISS shall add new fields to the Part A MSPPAY module, specifically the MSPPAYAI sub-module, to include 2nd, 3rd, 4th, 5th and 6th year LTR for MSP claims that includes the numeric life-time reserve days, numeric life-time reserve rate, and the numeric life-time reserve amount for both sending and receiving data elements.							X				
8130.13	FISS shall update the Part A MSPPAY module error codes to include 3rd, through 6th year LTR for MSP claims that includes the non-numeric life-time reserve days, non- numeric life-time reserve rate, and the non-numeric life-time reserve amount.							X				

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8130.14	FISS shall add new fields to the Part A MSPPAY module, specifically the MSPPAYAI sub-module, for coinsurance amounts to include 2nd through 6th year numeric regular coinsurance days, numeric regular coinsurance rate, and the numeric regular coinsurance amount for both sending and receiving data elements.							X				
8130.15	FISS shall update the MSPPAY module error codes coinsurance amounts to include 3rd through 6th year identifying non-numeric regular coinsurance days, non-numeric regular coinsurance rate, and the non-numeric regular coinsurance amount.							X				
8130.16	FISS shall update the MSPPAY module to include the following new error codes: 3920 - Non-numeric regular coinsurance days 3rd year 3930 - Non-numeric regular coinsurance rate 3rd year 3940 - Non-numeric regular coinsurance amount 3rd year 3950 - Non-numeric regular coinsurance days 4th year 3960 - Non-numeric regular coinsurance rate 4th year 3965 - Non-numeric regular coinsurance amount 4th year 3985 - Non-numeric regular coinsurance days 5th year 3990 - Non-numeric regular coinsurance rate 5th year 4000 - Non-numeric regular coinsurance amount 5th year 4010 - Non-numeric regular coinsurance days 6th year 4020 - Non-numeric regular coinsurance rate 6th year 4030 - Non-numeric regular coinsurance amount 6th year							X				

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	4040 - Non-numeric life-time reserve days 3rd year 4050 - Non-numeric life-time reserve rate 3rd year 4060 - Non-numeric life-time reserve amount 3rd year 4070 - Non-numeric life-time reserve days 4th year 4080 - Non-numeric life-time reserve rate 4th year 4090 - Non-numeric life-time reserve amount 4th year 4100 - Non-numeric life-time reserve days 5th year 4110 - Non-numeric life-time reserve rate 5th year 4120 - Non-numeric life-time reserve amount 5th year 4130 - Non-numeric life-time reserve days 6th year 4140 - Non-numeric life-time reserve rate 6th year 4150 - Non-numeric life-time reserve amount 6th year											
8130.17	FISS shall update the source code and the Part A MSPPAY Module Software Manual with the updated MSP information.							X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	FISS FS6573H and Analysis only CR7860

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, Richard.mazur2@cms.hhs.gov (For MSP related questions.), Cami DiGiacomo, cami.digiacomo@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor's activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Secondary Payer (MSP) Manual
Chapter 5 - Contractor Prepayment Processing Requirements

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(Rev.90, Issued: 02-01-13)

50.2 - Medicare Secondary Payer (MSP) Payment Modules (MSPPAY) for Part A Contractors
50.2.5 – *Part A* Processing Requirements

50.2 - Medicare Secondary Payer (MSP) Payment Modules (MSPPAY) for *Part A Contractors*

(Rev. 90, Issued: 02-01-13, Effective: 07-01-13, Implementation: 07-01-13)

A. Introduction

The Part A MSPPAY modules are standardized software contractors must use to calculate MSP bill payment. This ensures consistent MSP payment calculations. The calculations performed by these modules are in accordance with regulations
42 CFR 411.33. (See Chapter 1, §10.8 and this chapter, §30.3.1, and §30.5. Updates to these modules including technical documentation are furnished by CMS, as required.

50.2.3 - Return Codes

(Rev. 90, Issued: 02-01-13, Effective: 07-01-13, Implementation: 07-01-13)

One of the following codes which indicates the results from processing secondary payment computation and savings is returned to the *Part A* system. These codes are also referenced in the technical documentation released with the MSPPAY modules.

Return Code	Description
3010	Claim is fully paid
3020	Claim is partially paid
3030	Line of service denied
3500	Invalid MSP value code
3510	Invalid number of other payers
3520	Non-numeric MSP amount
3530	MSP amount equals zeros
3540	Invalid record identification
3545	Non-numeric Gramm-Rudmann-Hollings percent
3550	Non-numeric total covered charges
3560	Non-numeric blood deductible
3570	Non-numeric cash deductible
3700	Non-numeric total coinsurance amount
3730	Non-numeric Medicare primary payment
3780	Non-numeric provider payment amount
3790	Non-numeric patient payment amount
3820	Non-numeric charges not subject to deductible and coinsurance

3830	Non-numeric charges subject to deductible
3850	Invalid from date of claim
3880	Invalid "thru-date" of claim
3900	Non-numeric Medicare payment amount
3910	Non-numeric obligated to accept
3580	Non-numeric regular coinsurance days 1st year
3590	Non-numeric regular coinsurance rate 1st year
3600	Non-numeric regular coinsurance amount 1st year
3610	Non-numeric regular coinsurance days 2nd year
3620	Non-numeric regular coinsurance rate 2nd year
3630	Non-numeric regular coinsurance amount 2nd year
3640	Non-numeric life-time reserve days 1st year
3650	Non-numeric life-time reserve rate 1st year
3660	Non-numeric life-time reserve amount 1st year
3670	Non-numeric life-time reserve days 2nd year
3680	Non-numeric life-time reserve rate 2nd year
3690	Non-numeric life-time reserve amount 2nd year
3710	Non-numeric full days
3720	Non-numeric covered days
3740	Invalid PPS indicator
3750	Non-numeric DRG amount
3760	Non-numeric direct graduate medical education
3770	Non-numeric pass thru per diem amount
3920	*Non-numeric regular coinsurance days 3rd year*
3930	*Non-numeric regular coinsurance rate 3rd year*
3940	*Non-numeric regular coinsurance amount 3rd year*
3950	*Non-numeric regular coinsurance days 4th year*
3960	*Non-numeric regular coinsurance rate 4th year*
3965	*Non-numeric regular coinsurance amount 4th year*

3985	*Non-numeric regular coinsurance days 5th year*
3990	*Non-numeric regular coinsurance rate 5th year*
4000	*Non-numeric regular coinsurance amount 5th year*
4010	*Non-numeric regular coinsurance days 6th year*
4020	*Non-numeric regular coinsurance rate 6th year*
4030	*Non-numeric regular coinsurance amount 6th year*
4040	*Non-numeric life-time reserve days 3rd year*
4050	*Non-numeric life-time reserve rate 3rd year*
4060	*Non-numeric life-time reserve amount 3rd year*
4070	*Non-numeric life-time reserve days 4th year*
4080	*Non-numeric life-time reserve rate 4th year*
4090	*Non-numeric life-time reserve amount 4th year*
4100	*Non-numeric life-time reserve days 5th year*
4110	*Non-numeric life-time reserve rate 5th year*
4120	*Non-numeric life-time reserve amount 5th year*
4130	*Non-numeric life-time reserve days 6th year*
4140	*Non-numeric life-time reserve rate 6th year*
4150	*Non-numeric life-time reserve amount 6th year*

50.2.4 - Installation

(Rev. 90, Issued: 02-01-13, Effective: 07-01-13, Implementation: 07-01-13)

Part A contractors utilize the MSP software through *its shared system. Part A contractors also receive a copy of* the Medicare Secondary Payment technical manuals documenting and describing installation and execution of the MSPPAY module(s). The input data elements and output data elements required are referenced in these manuals. *The Part A STC contractor* is responsible for testing and verifying the accuracy of the MSPPAY software when updates are implemented. *Part A claims processing contractors may also test the MSPPAY software as warranted.*

50.2.5 – *Part A* Processing Requirements

(Rev. 90, Issued: 02-01-13, Effective: 07-01-13, Implementation: 07-01-13)

The following processing requirements apply:

- *The Part A contractors* processes all MSP inpatient hospital, SNF, HHA bills through the MSPPAY software to determine MSP payment amount, deductible, coinsurance, and savings.

- *The Part A contractors* processes all MSP outpatient bills through the MSPPAY software, at the line level, to determine MSP payment amount, deductible, coinsurance, and savings.

- Bills processed by MSPPAY must be in ready-to-pay status, e.g., the amount that Medicare would have paid as the primary payer, the type of MSP situation, the amount of the primary insurer's payment, information regarding outstanding deductible and coinsurance must be available to MSPPAY; and

- All data elements required by MSPPAY must be passed to it. Sections 50.2.7.A and 50.2.8.A list these data elements. The Medicare Secondary Payment Technical manuals also contain additional information about them.

50.2.6 - Error Resolution

(Rev. 90, Issued: 02-01-13, Effective: 07-01-13, Implementation: 07-01-13)

The Part A contractors are responsible for resolving error conditions reflected as return codes. These return codes are identified in **§50.2.3** above and in the Medicare Secondary Payment Technical manuals. It is easier to resolve error conditions by turning on the test switch provided in the software and printing the displays.

After reviewing the displays, if the *Part A contractor* is still unable to resolve an error condition, it forwards these displays to its *shared system's representative*. It includes any additional documentation that may assist in resolving the error.

50.2.7 - Payment Calculation for Inpatient Bills (MSPPAYAI Module)

(Rev. 90, Issued: 02-01-13, Effective: 07-01-13, Implementation: 07-01-13)

MSPPAYAI performs the necessary payment calculation for inpatient, skilled nursing facility (SNF), and Religious Nonmedical Health Care (RNHC) bills with service dates on or after November 13, 1989.

A. Data Elements to send to MSPPAYAI

MSPPAY must send the following data elements to MSPPAYAI

No.	Field Name	Definition/Use	Source/Value
1	TEST SWITCH	Indicator to turn on function within the MSP software to display sending and returning data. Use to identify payment errors.	"T" = display send/return data; Space = do not display data.
2	THRU DATE	Ending service date of the period included on the bill (CCYYMMDD)	Supplied by the *Part A* system from form locator 42 of the Form CMS-1450 (UB-92)
		THRU DATE CC	Value = "19" thru "20"
		THRU DATE YY	Value = "00" thru "99"
		THRU DATE MM	Value = "01" thru "12"
		THRU DATE DD	Value = "01" thru "31"

No.	Field Name	Definition/Use	Source/Value
3	RECORD ID	Identifies the bill type.	Inpatient (including SNF/CSS) bills = "HMIP"
4	CLMNO	Health Insurance Claim Number (HICN)	Supplied by the *Part A* system from form locator 60B of the Form CMS-1450 (UB-92)
5	DOC CNTL NUM	Assigned document control number	Assigned and supplied by the *Part A* system
6	FULLY PAID CLAIM IND	Indicator that reflects claim is fully paid by the third party payer.	Supplied by the *Part A* system. Can be identified by an "O" frequency indicator in Field 4 of the Form CMS-1450 (UB-92). Also identified by condition code "77" in form locators 24-30 of the Form CMS-1450 (UB-92). Value Y = Fully Paid Space = Not Fully Paid
7	NUM OF OTHER PAYERS	The number of other payers who are primary to Medicare.	Supplied by the *Part A* system. Values = "01" thru "10"
8	THIRD PARTY PAYER TABLE	MSP code and MSP amount comprise primary payer data.	Supplied by the *Part A* system. May occur up to 10 times.
	MSP CODE	Code(s) identifying the other payer: 12 = GHP (Working Aged) 13 = ESRD (End Stage Renal Disease) 14 = AUTO (Automobile/No-Fault) 15 = WORK (Workers' Compensation) 16 = FEDS (Federal) 41 = BL (Black Lung) 42 = VA (Veterans) 43 = DSAB (Disability) 47 = LIAB (Liability)	Form CMS-1450 (UB-92), form locators 39-41 (Value codes 12-16 and 41-47)
	MSP AMOUNT	Amount(s) paid by the other payer.	Form CMS-1450 (UB-92) form locators 39-41 (Value amounts)
9	TOTAL COVERED CHARGES	Total charges covered by Medicare	Form CMS-1450 (UB-92) form locator 47

No.	Field Name	Definition/Use	Source/Value
10	OBLIGATED TO ACCEPT	The amount a provider agrees to accept as payment in full when this amount is less than the charges but higher than the payment received from the primary payer. This field only needs to be completed when a value code "44" appears on the bill. It is reported in addition to the MSP Code(s) and MSP amounts(s) and the total covered charges on the bill.	Form CMS-1450 (UB-92), form locators 39-41 Value Code "44"
11	FILLER		Eighteen value spaces.
12	MED PAYMENT AMOUNT	Medicare payment without regard to deductibles and coinsurance.	Computed and supplied by the *Part A* system.
13	BLOOD DEDUCTION	Dollar amount of blood deductible charged by Medicare	Form CMS-1450 (UB-92) form locators 39-41, Value Code 06
14	CASH DEDUCTION	Dollar amount of cash deductible charged by Medicare.	Form CMS-1450 (UB-92) form locators 39-41, Value Code 07
15	REG COIN DAYS 1ST YR	Medicare coinsurance days charged in the year of admission.	Computed and supplied by the *Part A* system based on information obtained from CMS 1450 (UB-92), form locator 9
16	REG COIN RATE 1ST YR.	The Medicare coinsurance rate charged in the year of admission.	Computed and supplied by the *Part A* system.
17	REG COIN AMT 1ST YR	The Medicare coinsurance amount charged in the year of admission.	Form CMS-1450 (UB-92), form Locators 39-41, Value Code 09
18	REG COIN DAYS 2ND YR	Medicare coinsurance days charged in the year of discharge where the bill spans two calendar years.	Computed and supplied by the *Part A* system.
19	REG COIN RATE 2ND YR	The Medicare coinsurance rate charged in the year of discharge where the bill spans two calendar years.	Computed and supplied by the *Part A* system.
20	REG COIN AMT 2ND YR	The Medicare coinsurance amount charged in the year	Form CMS-1450 (UB-92), form Locators 39-41, Value Code 11

No.	Field Name	Definition/Use	Source/Value
		of discharge where the bill spans two calendar years.	
21	*REG COIN DAYS 3RD YR*	*Medicare coinsurance days charged in the year of discharge where the bill spans three calendar years.*	*Computed and supplied by the Part A system.*
22	*REG COIN RATE 3RD YR*	*The Medicare coinsurance rate charged in the year of discharge where the bill spans three calendar years.*	*Computed and supplied by the Part A system.*
23	*REG COIN AMT 3RD YR*	*The Medicare coinsurance amount charged in the year of discharge where the bill spans three calendar years.*	*Form CMS-1450 (UB-92), form Locators 39-41, Value Code 11*
24	*REG COIN DAYS 4TH YR*	*Medicare coinsurance days charged in the year of discharge where the bill spans four calendar years.*	*Computed and supplied by the Part A system.*
25	*REG COIN RATE 4th YR*	*The Medicare coinsurance rate charged in the year of discharge where the bill spans four calendar years.*	*Computed and supplied by the Part A system.*
26	*REG COIN AMT 4TH YR*	*The Medicare coinsurance amount charged in the year of discharge where the bill spans four calendar years.*	*Form CMS-1450 (UB-92), form Locators 39-41, Value Code 11*
27	*REG COIN DAYS 5TH YR*	*Medicare coinsurance days charged in the year of discharge where the bill spans five calendar years.*	*Computed and supplied by the Part A system.*
28	*REG COIN RATE 5TH YR*	*The Medicare coinsurance rate charged in the year of discharge where the bill spans five calendar years.*	*Computed and supplied by the Part A system.*
29	*REG COIN AMT 5TH YR*	*The Medicare coinsurance amount charged in the year of discharge where the bill spans five calendar years.*	*Form CMS-1450 (UB-92), form Locators 39-41, Value Code 11*
30	*REG COIN DAYS 6TH YR*	*Medicare coinsurance days charged in the year of discharge where the bill spans six calendar years.*	*Computed and supplied by the Part A system.*

No.	Field Name	Definition/Use	Source/Value
31	*REG COIN RATE 6TH YR*	*The Medicare coinsurance rate charged in the year of discharge where the bill spans six calendar years.*	*Computed and supplied by the Part A system.*
32	*REG COIN AMT 6TH YR*	*The Medicare coinsurance amount charged in the year of discharge where the bill spans six calendar years.*	*Form CMS-1450 (UB-92), form Locators 39-41, Value Code 11*
33	LTR COIN DAYS 1ST YR	Medicare lifetime reserve days charged in the year of admission.	Computed and supplied by the *Part A system.*
34	LTR COIN RATE 1ST YR	The Medicare lifetime reserve rate charged in the year of admission.	Computed and supplied by the *Part A system*.
35	LTR COIN AMT 1ST YR	The Medicare lifetime reserve amount charged in the year admission.	Form CMS-1450 (UB-92) form locators 39-41, Value Code 08
36	LTR COIN DAYS 2ND YR	Medicare lifetime reserve days charged in the year of discharge where the bill spans two calendar years.	Computed and supplied by the *Part A system*.
37	LTR COIN RATE 2ND YR	The Medicare lifetime reserve rate charged in the year of discharge where the bill spans two calendar years.	Computed and supplied by the *Part A system*.
38	LTR COIN AMT 2ND YR	The Medicare lifetime reserve amount charged in the year of discharge where the bill spans two calendar years.	Form CMS-1450 (UB-92) form locators 39-41, Value Code 11
39	*LTR COIN DAYS 3RD YR*	*Medicare lifetime reserve days charged in the year of discharge where the bill spans three calendar years.*	*Computed and supplied by the Part A system.*
40	*LTR COIN RATE 3RD YR*	*The Medicare lifetime reserve rate charged in the year of discharge where the bill spans three calendar years.*	*Computed and supplied by the Part A system.*
41	*LTR COIN AMT 3RD YR*	*The Medicare lifetime reserve amount charged in the year of discharge where the bill spans three*	*Form CMS-1450 (UB-92) form locators 39-41, Value Code 11*

No.	Field Name	Definition/Use	Source/Value
		calendar years.	
42	*LTR COIN DAYS 4TH YR*	*Medicare lifetime reserve days charged in the year of discharge where the bill spans four calendar years.*	*Computed and supplied by the Part A system.*
43	*LTR COIN RATE 4TH YR*	*The Medicare lifetime reserve rate charged in the year of discharge where the bill spans four calendar years.*	*Computed and supplied by the Part A system.*
44	*LTR COIN AMT 4TH YR*	*The Medicare lifetime reserve amount charged in the year of discharge where the bill spans four calendar years.*	*Form CMS-1450 (UB-92) form locators 39-41, Value Code 11*
45	*LTR COIN DAYS 5TH YR*	*Medicare lifetime reserve days charged in the year of discharge where the bill spans five calendar years.*	*Computed and supplied by the Part A system.*
46	*LTR COIN RATE 5TH YR*	*The Medicare lifetime reserve rate charged in the year of discharge where the bill spans five calendar years.*	*Computed and supplied by the Part A system.*
47	*LTR COIN AMT 5TH YR*	*The Medicare lifetime reserve amount charged in the year of discharge where the bill spans five calendar years.*	*Form CMS-1450 (UB-92) form locators 39-41, Value Code 11*
48	*LTR COIN DAYS 6TH YR*	*Medicare lifetime reserve days charged in the year of discharge where the bill spans six calendar years.*	*Computed and supplied by the Part A system.*
49	*LTR COIN RATE 6TH YR*	*The Medicare lifetime reserve rate charged in the year of discharge where the bill spans six calendar years.*	*Computed and supplied by the Part A system.*
50	*LTR COIN AMT 6TH YR*	*The Medicare lifetime reserve amount charged in the year of discharge where the bill spans six calendar years.*	*Form CMS-1450 (UB-92) form locators 39-41, Value Code 11*
51	TOTAL COIN	The total coinsurance amount chargeable to the	Computed and supplied by the

No.	Field Name	Definition/Use	Source/Value
	AMT	beneficiary.	*Part A system*.
52	FULL DAYS	The inpatient Medicare days occurring in the first 60 days in a single spell of illness.	Computed and supplied by the *Part A system*.
53	COVERED DAYS	The number of Medicare covered days.	Form CMS-1450 (UB-92) form locator 7
54	FILLER		One value space
55	PPS IND	An indicator that identifies a prospective payment provider.	Supplied by *Part A* system: X = PPS S = CSS (non-PPS), Spaces = non-PPS
56	DRG AMOUNT	Total prospective payment amount including any outlier payment, as determined by Pricer.	Computed by Pricer and supplied by the *Part A* system
57	DIRECT GRADUATE MEDICAL EDUCATION	Estimated adjustment for the direct graduate medical education activities (See 42 CFR 413.86.)	Computed and supplied by the *Part A system*.
58	PASS THRU PER DIEM	Payment amount for those items that are reimbursed on a reasonable cost basis.	Computed and supplied by the *Part A system.*
59	MED PRIMARY PAYMENT	The Medicare reimbursement amount less applicable deductible and coinsurance.	Computed and supplied by the *Part A system*.
60	PROVIDER PAYMENT AMOUNT	The Medicare reimbursement amount to be paid to the provider.	Computed and supplied by the *Part A system.*
61	PATIENT PAYMENT AMT	The Medicare reimbursement amount to be paid to the patient.	Computed and supplied by the *Part A system.*
62	G-R-H PERCENT (GRAMM-RUDMANN-HOLLINGS)	The applicable percent reduction required by the Gramm-Rudmann-Hollings Act.	Supplied by the *Part A* system.
63	CHARGES NSDC (CHARGES NOT SUBJECT TO DEDUCTIBLE AND	Charge amount not subject to deductible and coinsurance, i.e., reimbursed at 100%.	Computed and supplied by the *Part A system*.

No.	Field Name	Definition/Use	Source/Value
	COINSURANCE)		
64	CHARGES SD (CHARGES SUBJECT TO DEDUCTIBLE)	Charge amount subject to the deductible.	Computed and supplied by the *Part A system*.
65	RESERVED FOR CMS	Space reserved for future enhancements.	One hundred ninety eight value spaces.
66	RESERVED FOR USER	Space reserved for user as necessary.	One-hundred ninety value Spaces

B. Data Elements returned from MSPPAYAI

MSPPAYAI will return the following data elements to MSPPAY. Refer to §50.2.7 for field definitions not reflected below.

NO.	Field Name	Definition/Use	Source/Value
1	RETURN CODE	Numeric code indicating the results from processing the secondary payment computation and savings. Identifies a fully or partially paid bill as well as invalid sending data.	Determined by MSPPAYAI. Valid values "3000" thru "3999" (See §50.2.3 above; also refer to the technical documentation released with the software.

Unless specified otherwise, MSPPAY is the source of all the following fields, possibly modified by MSPPAYAI.

NO.	Field Name	Definition/Use
2	BLOOD DEDUCTION TO CWF	Amount of blood deductible to report to the Common Working File (CWF).
3	CASH DEDUCTION TO CWF	Dollar amount of deductible to report to the Common Working File (CWF).
4	REG COIN DAYS 1ST YR	
5	REG COIN RATE 1ST YR	
6	REG COIN AMT 1ST YR	

NO.	*Field Name*	*Definition/Use*
7	REG COIN DAYS 2ND YR	
8	REG COIN RATE 2ND YR	
9	REG COIN AMT 2ND YR	

10	*REG COIN DAYS 3RD YR*	
11	*REG COIN RATE 3RD YR*	
12	*REG COIN AMT 3RD YR*	
13	*REG COIN DAYS 4TH YR*	
14	*REG COIN RATE 4TH YR*	
15	*REG COIN AMT 4TH YR*	
16	*REG COIN DAYS 5TH YR*	
17	*REG COIN RATE 5TH YR*	
18	*REG COIN AMT 5TH YR*	
19	*REG COIN DAYS 6TH YR*	
20	*REG COIN RATE 6TH YR*	
21	*REG COIN AMT 6TH YR*	
22	LTR COIN DAYS 1ST YR	
23	LTR COIN RATE 1ST YR	
24	LTR COIN AMT 1ST YR	
25	LTR COIN DAYS 2ND YR	
26	LTR COIN RATE 2ND YR	
27	LTR COIN AMT 2ND YR	
28	*LTR COIN DAYS 3RD YR*	
29	*LTR COIN RATE 3RD YR*	
30	*LTR COIN AMT 3RD YR*	

NO.	***Field Name***	***Definition/Use***
31	*LTR COIN DAYS 4TH YR*	
32	*LTR COIN RATE 4TH YR*	
33	*LTR COIN AMT 4TH YR*	
34	*LTR COIN DAYS 5TH YR*	
35	*LTR COIN RATE 5TH YR*	
36	*LTR COIN AMT 5TH YR*	
37	*LTR COIN DAYS 6TH YR*	

38	*LTR COIN RATE 6TH YR*	
30	*LTR COIN AMT 6TH YR*	
31	PART A REG COIN DAYS	The total Medicare coinsurance days chargeable to the beneficiary.
32	PART A LTR COIN DAYS	The total Medicare lifetime reserve days chargeable to the beneficiary.
33	PARTA COIN DAYS	The total Medicare coinsurance and lifetime reserve days chargeable to the beneficiary.
34	TOTAL COIN AMT TO CWF	The total coinsurance amount to report to the Common Working File (CWF).
35	FULL DAYS	The number of inpatient Medicare days occurring in the first 60 days in a single spell of illness.
36	UTILIZED DAYS	Days of care that are chargeable to Medicare
37	COST REPORT DAYS	Days credited to the provider's PS&R as Medicare days.
38	MED SECONDARY PAYMENT	Medicare's secondary payment computed by the MSP software.

NO.	***Field Name***	***Definition/Use***
39	PROVIDER PAYMENT AMT	
40	PATIENT PAYMENT AMT	
41	BLOOD DEDUCTION TO CHG	The amount of blood deductible the beneficiary may be charged by the provider.
42	CASH DEDUCTION TO CHG	The dollar amount of deductible the beneficiary may be charged by the provider.
43	TOTAL COIN AMT TO CHG	The total coinsurance amount chargeable to the beneficiary.
44	MSP COVERED DAYS	The number of days covered by the primary payer.
45	G-R-H (GRAMM-RUDMANN-HOLLINGS) SAVINGS REDUCTION	The amount of the MSP savings reduced for Gramm-Rudmann-Hollings.
46	GROSS MEDICARE PAYMENT	The amount Medicare pays excluding deductibles and coinsurance. (For PPS claims, direct graduate medical education

		and pass-thru amounts are included.)
47	MSP NON-EGHP PYMT SDC	The amount paid by a non-EGHP to be reflected on the PS&R. The primary payer amount designated to lab charges reimbursed at 100%is not reflected in this figure. (This field is only returned for claims with service "thru-dates" prior to 11/13/89.)

NO.	***Field Name***	***Definition/Use***
48	MSP PYMT SDC	The amount excluding "MSP CASH DEDUCTIBLE, MSP BLOOD DEDUCTIBLE, AND MSP TOTAL COINSURANCE AMOUNT" paid by an EGHP or LGHP to be reflected on the PS&R report. This amount, when added to the "MSP CASH DEDUCTIBLE, MSP BLOOD DEDUCTIBLE, and the MSP TOTAL COINSURANCE AMOUNT" reflects the total primary payer amount. The primary payer amount designed to lab charges reimbursed at 100% is not reflected in this figure. (This Field is only returned for claims with service "thru-dates" prior to 11/13/89.)
49	FILLER	Nine Value spaces.
50	PPS CREDIT AMOUNT	The excess of the MSP amount over the DRG amount.
51	SAVINGS MSP EGHP	Amount saved by Medicare when an EGHP has made a payment for a working aged beneficiary (MSP Code 12).
52	SAVINGS MSP ESRD	Amount saved by Medicare when an EGHP has made a payment for an ESRD beneficiary (MSP Code 13).
53	SAVINGS MSP AUTO	Amount saved by Medicare when another insurer has made payment in an automobile/no-fault situation (MSP Code 14).
54	SAVINGS MSP WORK	Amount saved by Medicare when workers' compensation payment has been made (MSP Code 15).
55	SAVINGS MSP FEDS	Amount saved by Medicare when PHS or other Federal agency made payment (MSP Code 16).

NO.	Field Name	Definition/Use
56	SAVINGS MSP BL	Amount saved by Medicare when Black Lung payment has been made by the Department of Labor (MSP Code 41).
57	SAVINGS MSP VA	Amount saved by Medicare when payment has been made by the Department of Veteran's Affairs (MSP Code 42).
58	SAVINGS MSP DSAB	Amount saved by Medicare when an LGHP has made a payment for a disabled beneficiary (MSP Code 43).
59	SAVINGS MSP LIAB	Amount saved by Medicare when payment has been made by a liability insurer (MSP Code 47).
60	SAVINGS TOTAL	Total savings to the Medicare program when Medicare is the secondary payer and a primary payer(s) has made some payment. Includes all MSP codes 12 - 16, 41 - 43, and 47.
61	SAVINGS NON-EGHP	Total savings to the Medicare program for all non-EGHP payments for a Medicare beneficiary. Includes MSP codes 14, 15, 16, 41, and 47. (This field is only returned for claims with service "thru-dates" prior to 11/13/89.)
62	SAVINGS EGHP	Total savings to the Medicare program for all EGHP payments for a Medicare beneficiary. Includes MSP codes 12, 13, 42, and 43. (This field is only returned for claims with service "thru-dates" prior to 11/13/89.)
63	MSP COMPUTATION 1	The result of the gross amount payable by Medicare minus the amount paid by the primary payer for covered services.
64	MSP COMPUTATION 2	The result of the gross amount payable by Medicare minus applicable deductible and coinsurance amounts.

NO.	Field Name	Definition/Use
65	MSP COMPUTATION 3	The result of the provider charges (or an amount the provider is obligated to accept as payment in full, if that is less than the charges), minus the amount paid by the primary payer.
66	MSP COMPUTATION 4	The result of the provider charges (or an

		amount the provider is obligated to accept as payment in full, if that is less than the charges), minus applicable deductible and coinsurance amounts.
67	RESERVED FOR CMS	Space reserved for future enhancements. (200 Value Spaces)
68	RESERVED FOR USER	Space reserved for user as necessary. (153 Value Spaces)