CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 89	**Date: August 30, 2012**
	Change Request 7906

Transmittal 88, dated August 17, 2012, is being rescinded and replaced by Transmittal 89, dated August 30, 2012, to remove VMS as a responsible party from BR 7906.9.1. All other information remains the same.

SUBJECT: Expanding the Coordination of Benefits (COB) Contractor Numbers to include 11139 and 11142 for the Common Working File (CWF)

I. SUMMARY OF CHANGES: This CR identifies COBC numbers 11139 and 11142 which are being added and must be used to identify Group Health Plan Recovery (11139) and Non-Group Health Plan ORM Recovery (11142) on CWF. This CR also redefines Contractor number 11141 to read "Non-Group Health Plan Non-ORM" instead of "COBC/MSPRC.

EFFECTIVE DATE: January 1, 2013
IMPLEMENTATION DATE: January 7, 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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/60/60.1.3.4/Exhibit 1: Medicare Secondary Payer (MSP) Savings Report
R	5/60/60.1.3.5/Exhibit 2 - CWF Source Codes and Corresponding CROWD Special Project Numbers
R	6/10/10.2/Definition of MSP/CWF Terms
R	6/20/20.1.3/MSP Delete Transaction
R	6/30/30.3/ MSP Auxiliary File Errors
R	6/50/50.3/ MSP "W" Record and Accompanying Processes

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with 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: 89	Date: August 30, 2012	Change Request: 7906

Transmittal 88, dated August 17, 2012, is being rescinded and replaced by Transmittal 89, dated August 30, 2012, to remove VMS as a responsible party from BR 7906.9.1. All other information remains the same.

SUBJECT: Expanding the Coordination of Benefits (COB) Contractor Numbers to include 11139 and 11142 for the Common Working File (CWF)

Effective Date: **January 1, 2013**

Implementation Date: January 7, 2013

I. GENERAL INFORMATION

A. Background: The COBC contractor currently accretes Medicare Secondary Payer (MSP) records to CWF using contractor numbers 11100-11119, 11121, 11122, 11125, 11126, 11141, and 11143**.** Different numbers have been assigned for each COB contractor activity for purposes of separately capturing savings attributable to each activity. This CR identifies COBC numbers 11139 and 11142 which are being added and must be used to identify Group Health Plan Recovery (11139) and Non-Group Health Plan ORM Recovery (11142) on CWF. This CR also redefines Contractor number 11141 to read "Non-Group Health Plan Non-ORM" instead of "COBC/MSPRC."

B. Policy: The CWF created and shall continue to reserve contractor numbers 11123, 11124, 11127-11138, 11144-11199 for the COB contractor. These numbers will be used for future COB contractor activities.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIERS	RHHI	FISS	MCS	VMS	CWF	
7906.1	CWF shall update the list of contractor numbers to include '11139' (Group Health Plan Recovery) and '11142' (Non-Group Health Plan ORM Recovery) with an effective date of the implementation date of this CR.									X	COBC
7906.2	The shared systems and CWF shall recognize and accept the following COB contractor numbers and						X	X		X	COBC

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A B MAC	DME MAC	FI	CARRIERS	RHHI	FISS	MCS	VMS	CWF	
	their associated activities: 11139 - Group Health Plan Recovery 11142 - Non-Group Health Plan ORM Recovery										
7906.3	The Part A and B MACs and DME MACs shall recognize and accept the new COB contractor numbers and their associated activities.	X	X	X	X	X					
7906.3.1	DME Contractors shall update their respective VMSP/4C MSPCONTR-MSPCOB Contractor tables with the new Contractor numbers and all associated business requirements outlined in this instruction.		X								
7906.4	SP 37 shall be modified to add the following new source codes and the shared systems and CWF shall recognize the following CWF source codes associated with their respective COB contractor numbers: CWF Source Code 39 = Group Health Plan Recovery number 11139 CWF Source Code 42 = Non-Group Health Plan ORM Recovery number 11142.						X	X		X	
7906.5	Error code 94G1 shall be modified for Part A (HUIP, HUOP, HUHH and HUHC) to add the new 39 and 42 Non-Payment Denial Codes (cost avoid) and that the shared systems and CWF shall recognize the following Non-payment Denial Codes associated with their respective COB contractor numbers: Non-payment Denial Code 39 = Group Health Plan Recovery number 11139 Non-payment Denial Code 42 = Non-Group Health Plan ORM Recovery number 11142.						X			X	
7906.6	Error Code 1801 shall be modified for Part B/DMAC (HUBC and HUDC) to add a new detail Non-Payment Denial Code (cost avoid) 39 and 42.							X		X	
7906.7	Error Code 61x1 shall be modified for Part B/DMAC (HUBC and HUDC) to add a new detail Non-Payment Denial Code (cost avoid) 39 and 42.							X		X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A B M A C	D M E M A C	F I	C A R R I E R S	R H H I	F I S S	M C S	V M S	C W F	
7906.8	CWF shall modify the following error codes to account for the new cost avoids 39 and 42: 6801, 6802, 6803, 6806, and 5701.									X	
7906.9	CWF shall create HUSC transactions for new contractor numbers 11139 and 11142.									X	
7906.9.1	Contractors and Shared Systems shall accept HUSC transactions with contractor numbers 11139 and 11142.	X	X	X	X	X	X	X			
7906.10	CWF shall update its logic that systematically corrects the cost avoid for COBC contractors to include 11139 and 11142.									X	
7906.11	The CWF and ReMAS shall recognize the following CROWD Numbers associated with their respective COB contractor numbers: CROWD Number 7039= Group Health Plan Recovery number 11139 CROWD Number 7042= Non-Group Health Plan ORM Recovery number 11142										CROWD ReMAS
7906.12	Validity indicator of 'Y' shall be valid for 11139 and 11142.									X	
7906.13	The validity indictor of 'I' shall not be valid for 11139 and 11142.									X	
7906.14	Error code SP20 shall be set when an "I" Validity Indicator is submitted for 11139 or 11142.									X	
7906.15	CWF shall apply the existing SP53 edit to MSP transactions with contractor numbers 11139 and 11142.									X	
7906.16	CWF shall add contractor numbers 11139 and 11142 to the list of COB contractor numbers used in the SP57error code logic.									X	
7906.17	CWF shall bypass the edit logic for the SP57 error code for all MSP transactions sent with a COB contractor number.									X	
7906.17.1	The list of COB contractor numbers shall include 11100 – 11119, 11121, 11122, 11126, 11139, 11141, 11142, 11143, 33333, 55555, 77777, 88888, and 99999.									X	
7906.18	CWF shall add contractor numbers 11139 and 11142 to the list of COB contractor numbers used in the SP59 error code logic.									X	
7906.18.1	The list of COB contractor numbers shall include 11100 – 11119, 11121, 11122, 11126, 11139, 11141, 11142, 11143, 33333, 55555, 77777, 88888, and 99999.									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIERS	RHHI	FISS	MCS	VMS	CWF	
7906.19	The COBC shall consider contractor numbers in the following order according to the assumed reliability of MSP data supplied: most reliable/first tier – 11100; second tier – 11110, 11139, 11140, 11141, 11142; third tier – 11121, 11143; fourth tier 11102, 11105; fifth tier – all other contractor numbers.										COBC
7906.20	Contractor number '11141' shall be redefined and identified as Non-Group Health Plan non-ORM.									X	
7906.21	MSP savings for Non-Group Health Plan non-ORM shall be identified under 11141 only.	X	X	X	X	X	X	X			
7906.22	Contractor 11141 shall no longer be defined as COBC/MSPRC.	X	X	X	X	X	X	X		X	
7906.23	Source and Denial code identification shall remain the same for contractor number 11141.									X	
7906.24	Group Health Plan Recovery, for contractor number 11139, shall be identified in the CROWD system when reporting MSP savings under special project 7039 with the effective date of this change request.	X	X	X	X	X	X				
7906.25	Non-Group Health Plan Non-ORM, for contractor number 11141, shall be identified in the CROWD system when reporting MSP savings under special project 7041 with the effective date of this change request.	X	X	X	X	X	X				
7906.26	Non-Group Health Plan ORM, for contractor number 11142, shall be identified in the CROWD system when reporting MSP savings under special project 7042 with the effective date of this change request.	X	X	X	X	X	X				
7906.27	Contractors shall update their SCF edits and/or internal system edits to accommodate modifications resulting from this instruction.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)						
		A/B	DME	FI	CAR	RHH	Shared-System Maintainers	OTHER

		MAC	MAC		RIER	I	FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: NA

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: NA

V. CONTACTS

Pre-Implementation Contact(s): Richard.Mazur2@cms.hhs.gov , (410)786-1418
Steve.Forry@cms.hhs.gov , (410) 786-1564

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 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 does 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.

60.1.3.4 - Exhibit 1: Medicare Secondary Payer (MSP) Savings Report

(Rev. 89, Issued: 08-30-12, Effective: 01-01-13, Implementation: 01-07-13)

		NATIONAL TOTAL	SPEC PROJ: GROUP HEALTH PLAN RECOVERY (7039)						
DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid ($)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery ($)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery ($)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings($):	8	0	0	0	0	0	0	0	0

Postpay Savings:			0						
Full Recovery (# of claims)	*9*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Full Recovery ($)	*10*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Partial Recovery (# of claims)	*11*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Partial Recovery ($)	*12*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Postpay Savings(# of claims):	*13*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Postpay Savings($):	*14*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Cost Avoid Savings(# of claims)	*15*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Cost Avoid Savings ($)	*16*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Full Recovery Savings(# of claims)	*17*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Full Recovery Savings($)	*18*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Partial Recovery Savings(# of claims)	*19*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Partial Recovery Savings($)	*20*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Savings (# of claims):	*21*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Savings ($):	*22*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*

NATIONAL TOTAL SPECIAL PROJ: *NON-GROUP HEALTH PLAN NON-ORM* (7041)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)	
Prepay Savings:										
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	
Cost Avoid ($)	2	0	0	0	0	0	0	0	0	
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	
Full Recovery ($)	4	0	0	0	0	0	0	0	0	
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	
Partial Recovery ($)	6	0	0	0	0	0	0	0	0	
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	
Total Prepay Savings($):	8	0	0	0	0	0	0	0	0	
Postpay Savings:										
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0	
Full Recovery ($)	10	0	0	0	0	0	0	0	0	

Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery ($)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings($):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings ($)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings($)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings($)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings ($):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: NON-GROUP HEALTH PLAN ORM RECOVERY (7042)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)	
Prepay Savings:										
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0
Cost Avoid ($)	2	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0
Full Recovery ($)	4	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0
Partial Recovery ($)	6	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0
Total Prepay Savings($):	8	0	0	0	0	0	0	0	0	0
Postpay Savings:										
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0	0
Full Recovery ($)	10	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0	0
Partial Recovery ($)	12	0	0	0	0	0	0	0	0	0

Total Postpay Savings(# of claims):	*13*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Postpay Savings($):	*14*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Cost Avoid Savings(# of claims)	*15*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Cost Avoid Savings ($)	*16*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Full Recovery Savings(# of claims)	*17*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Full Recovery Savings($)	*18*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Partial Recovery Savings(# of claims)	*19*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Partial Recovery Savings($)	*20*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Savings (# of claims):	*21*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Savings ($):	*22*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*

60.1.3.5 - Exhibit 2: CWF Source Codes and Corresponding CROWD Special Project Numbers

(Rev. 89, Issued: 08-30-12; Effective Date: 01-01-13; Implementation Date: 01-07-13)

CWF Source Codes	MSP/COB Contractor Numbers	Nonpayment/ Payment Denial Codes	CROWD Special Project Numbers
B, D, T, U, V, or W	77777 = IRS/SSA/HCFA Data Match (I, II, III, IV, V, or VI)	Y	1000
O	99999 = Initial Enrollment Questionnaire (IEQ)	T	2000
P	55555 = HMO Rate Cell Adjustment	U	3000
	33333 = Litigation Settlement	V	4000
Q	88888 = Voluntary Agreements	Q	5000
0	11100 = COB Contractor	00	6000
1	11101 = Initial Enrollment Questionnaire (IEQ)	T	6010
2	11102 = IRS/SSA/CMS Data Match	Y	6020
3	11103 = HMO Rate Cell	U	6030
4	11104 = Litigation Settlement	V	6040
5	11105 = Employer Voluntary Reporting	Q	6050
6	11106 = Insurer Voluntary Reporting	K	6060
7	11107 = First Claim Development	E	6070
8	11108 = Trauma Code Development	F	6080
9	11109 = Secondary Claims Investigation	G	6090

CWF Source Codes	MSP/COB Contractor Numbers	Nonpayment/ Payment Denial Codes	CROWD Special Project Numbers
10	11110 = Self Reports	H	7000
11	11111 = 411.25	J	7010
12	11112 = Blue Cross – Blue Shield Voluntary Agreements	12	7012
13	11113 = Office of Personnel Management (OPM) Data Match	13	7013
14	11114 = State Workers' Compensation (WC) Data Match	14	7014
15	11115 = WC Insurer Voluntary Data Sharing Agreements (WC VDSA)	15	7015
16	11116 = Liability Insurer Voluntary Data Sharing Agreements (LIAB VDSA)	16	7016
17	11117 = Voluntary Data Sharing Agreements (No Fault VDSA)	17	7017
18	11118 = Pharmacy Benefit Manager Data	18	7018
19	11119 = Workers' Compensation Medicare Set-Aside Arrangement	19	7019
20	11120 = To be determined	20	7020
21	11121 = MIR Group Health Plan	21	7021
22	11122 = MIR non-Group Health Plan	22	7022
""	""	""	""
25	11125=Recovery Audit Contractor-California	25	7025
26	11126=Recovery Audit Contractor-Florida	26	7026
27	11127=To be Determined	27	7027

CWF Source Codes	MSP/COB Contractor Numbers	Nonpayment/ Payment Denial Codes	CROWD Special Project Numbers
39	*11139 = Group Health Plan Recovery*	*39*	*7039*
41	11141 = *Non-Group Health Plan Non-ORM Recovery*	41	7041
42	*11142 = Non-Group Health Plan ORM Recovery*	*42*	*7042*
43	11143 = COBC/Medicare Part C/Medicare Advantage	43	7043
99	11199 = To be determined	99	7099

10.2 - Definition of MSP/CWF Terms

(Rev. 89, Issued: 08-30-12; Effective Date: 01-01-13; Implementation Date: 01-07-13)

Following is a list of terms and their definitions used in MSP/CWF processing.

MSP Auxiliary File - Up to 17 beneficiary MSP occurrences/records on the CWF database.

MSP Auxiliary Record - Record of beneficiary MSP information. One MSP record/occurrence within the beneficiary's MSP auxiliary file.

Occurrence - One MSP occurrence/record within the beneficiary's MSP auxiliary file.

MSP Effective Date - Effective date of MSP coverage.

MSP Termination Date - Termination date of MSP coverage.

Validity Indicator

- Y - Beneficiary has MSP coverage (there is a primary insurer for this period of time).
- N - No MSP coverage
- I - See §10.1.

MSP Types - Reason for other coverage entitlement.

- A = Working Aged

- B = End stage renal disease (ESRD)
- D = Automobile/Liability No-Fault
- E = Workers' Compensation (WC)
- F = Federal, Public Health
- G = Disabled
- H = Black Lung (BL)
- I = Veterans Affairs (VA)
- L=Liability
- W=Workers' Compensation Medicare Set-Aside Arrangement (WCMSA)

NOTE: VA and other Federal payments are exclusions rather than MSP non-payments.

Cost Avoided Claim - A claim returned without payment because CWF indicators indicate another insurer is primary to Medicare. (See Chapter 5, §60 for complete description.)

Transaction Type - Identifies type of maintenance record.

- 0 = Transaction type to add or change MSP data
- 1 = Transaction type to delete MSP data

Override Code - Code used to bypass CWF, MSP edit to allow primary Medicare payment. (See §40.4 for a detailed explanation.)

COB MSP Contractor Numbers

CWF Source Codes	MSP Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
	33333 = Litigation Settlement	V	4000
P	55555 = HMO Rate Cell Adjustment	U	3000
B,D,T,U,V, or W	77777 = IRS/SSA/HCFA Data Match (I, II, III, IV, V, or VI)	Y	1000
Q	88888 = Voluntary Data Sharing Agreements	Q	5000
O	99999 = Initial Enrollment Questionnaire	T	2000

COB Contractor Numbers prior to January 1, 2001

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
0	11100 = COB Contractor		6000

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
1	11101 = Initial Enrollment Questionnaire	K	6010
2	11102 = IRS/SSA/CMS Data Match	E	6020
3	11103 = HMO Rate Cell	F	6030
4	11104 = Litigation Settlement	G	6040
5	11105 = Employer Voluntary Reporting	H	6050
6	11106 = Insurer Voluntary Reporting	H	6060
7	11107 = First Claim Development	E	6070
8	11108 = Trauma Code Development	F	6080
9	11109 = Secondary Claims Investigation	G	6090
X	11110 = Self Reports	H	7000
Y	11111 = 411.25	J	7010

NOTE: Effective January 1, 2001, the following COB Contractor numbers and nonpayment/payment denial codes will be used.

COB Contractor Numbers Effective January 1, 2001

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
0	11100 = COB Contractor	00 Effective 4/1/2020	6000
1	11101 = Initial Enrollment Questionnaire	T	6010
2	11102 = IRS/SSA/CMS Data Match	Y	6020
3	11103 = HMO Rate Cell	U	6030
4	11104 = Litigation Settlement	V	6040
5	11105 = Employer Voluntary Reporting	Q	6050
6	11106 = Insurer Voluntary Reporting	K	6060
7	11107 = First Claim Development	E	6070
8	11108 = Trauma Code Development	F	6080
9	11109 = Secondary Claims Investigation	G	6090
10 - Effective 4/1/2002	11110 = Self Reports	H	7000

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
11 - Effective 4/1/2002	11111 = 411.25	J	7010

11101, 11102, 11103, 11104, and 11105 use the same non-payment denial codes as their previous contractor numbers (i.e., 33333, 55555, 77777, 88888, 99999). Savings from the old and new numbers, if applicable will be reported together (e.g., 11101 and 99999, etc). There must be a conversion of the MSP savings to the new non-payment/payment denial codes as of January 1, 2001.

Additional COB Contractor Numbers Effective April 1, 2002

Effective April 1, 2002, CWF is expanding the source code field and the nonpayment/ payment denial code field from 1-position fields to 2-position fields.

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
12	11112 = Blue Cross-Blue Shield Voluntary Data Sharing Agreements	12	7012
13	11113 = Office of Personnel Management (OPM) Data Match	13	7013
14	11114 = State Workers' Compensation (WC) Data Match	14	7014
15	11115 = WC Insurer Voluntary Data Sharing Agreements (WC VDSA)	15	7015
16	11116 = Liability Insurer Voluntary Data Sharing Agreements (LIAB VDSA)	16	7016
17	11117 = Voluntary Data Sharing Agreements (No Fault VDSA)	17	7017
18	11118 = Pharmacy Benefit Manager Data	18	7018
19	11119 = Workers' Compensation Medicare Set-Aside Arrangement	19	7019
20	11120 = To be determined	20	7020
21	11121= MIR Group Health Plan	21	7021
22	11122= MIR non-Group Health Plan	22	7022
23	11123 = To be determined	23	7023

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
24	11124 = To be determined	24	7024
25	11125 = Recovery Audit Contractor-California	25	7025
26	11126 = Recovery Audit Contractor-Florida	26	7026
27	11127 = To be determined	27	7027
“”	“”	“”	“”
39	*11139 = GHP Recovery*	*39*	*7039*
41	11141 =*NGHP Non-ORM*	41	7041
42	*11142 = NGHP ORM Recovery*	*42*	*7042*
43	11143 = COBC/Medicare Part C/Medicare Advantage	43	7043
44	11144 = To be determined	44	7044
“”	“”	“”	“”
99	11199 = To be determined	99	7099

20.1.3 - MSP Delete Transaction

(Rev. 89, Issued: 08-30-12; Effective Date: 01-01-13; Implementation Date: 01-07-13)

The MSP maintenance type "1" is used to delete an MSP auxiliary occurrence. This transaction checks the beneficiary's master record for an MSP indicator. The COBC is responsible for submitting this transaction. Medicare contractors advise the COBC, via the ECRS, of the need to process an MSP maintenance type 1 transaction (delete).

Only certain COBC contractor numbers may delete MSP occurrences originated or last updated by certain other COBC contractor numbers. No contractor number may update or delete a MSP occurrence originated or last updated by contractor number 11100 except contractor number 11100. Please see the table below for the exact criteria for deletion of MSP occurrences last updated by COBC contractor numbers. A match shall occur in order to delete the MSP occurrence originated or last updated by one COBC contractor number with a delete transaction submitted under a certain COBC contractor number. For example, COBC contractor numbers 11100, 11110, 11141 and 11140 are the only contractor numbers that may delete a MSP occurrence originated or last updated by 11110. The COBC will remain the sole contractor that may delete COBC contractor numbers. The COBC shall maintain the necessary logic to control updating and deleting MSP occurrences based on COB contractor numbers. Medicare contractors shall follow the current restrictions regarding deletion of MSP records.

Originating or Last Updating	Contractor Number That Can Update/Delete

Contractor Number	
11100	11100
11110	11100, 11110, *11139,* 11141, 11140, *11142*
11141	11100, 11110, *11139,* 11141, 11140, *11142*
11140	11100, 11110, *11139,* 11141, 11140, *11142*
11121	11100, 11110, 11141, 11140, 11121, 11143, *11139, 11142*
11143	11100, 11110, 11141, 11140, 11121, 11143, *11139, 11142*
11139	*11100, 11110, 11141, 11140, 11121, 11143, 11139, 11142*
11142	*11100, 11110, 11141, 11140, 11121, 11143, 11139, 11142*
11105	11100, 11110, 11141, 11140, 11121, 11143, 11105, 11102, *11139, 11142*
11102	11100, 11110, 11141, 11140, 11121, 11143, 11105, 11102, *11139, 11142*
All others	Any

The COBC shall allow MIR (MMSEA Section 111) GHP responsible reporting entities (RREs) to override this update/delete hierarchy reflected in the table above under certain circumstances. MIR GHP RREs must submit an override code to the COBC after receiving an error on an attempted update/delete. The COBC will then apply the update/delete using contractor number 11121. This override capability shall not apply to MSP occurrences originated or last updated by 11100.

The COBC shall apply the same hierarchy rules represented in the table above to transactions that have the effect of adding back or reopening matching MSP occurrences previously deleted.

30.3 - MSP Auxiliary File Errors

(Rev. 89, Issued: 08-30-12; Effective Date: 01-01-13; Implementation Date: 01-07-13)

Maintenance transactions to the MSP Auxiliary file reject invalid data with errors identified by a value of "SP" in the disposition field on the Reply Record. A trailer of "08" containing up to four error codes, will always follow. See CWF documentation in EDITMNTS.doc at http://cwf.2020llc.com/cwf/downloads/docs/docs/ for more specific information. Listed below are the possible MSP Maintenance Transaction error codes with a general description.

Error Code	Definition	Valid Values
SP11	Invalid MSP transaction record type	"HUSP", "HISP" or "HBSP"
SP12	Invalid HIC Number	Valid HIC Number
SP13	Invalid Beneficiary Surname	Valid Surname
SP14	Invalid Beneficiary First Name Initial	Valid Initial
SP15	Invalid Beneficiary Date of Birth	Valid Date of Birth
SP16	Invalid Beneficiary Sex Code	0=Unknown, 1=Male,

Error Code	Definition	Valid Values
		2=Female
SP17	Invalid Contractor Number	CMS Assigned Contractor Number
SP18	Invalid Document Control Number	Valid Document Control Number
SP19	Invalid Maintenance Transaction Type	0=Add/Change MSP Data transaction, 1=Delete MSP Data Transaction
SP20	Invalid Validity Indicator	Y= Beneficiary has MSP Coverage, I= Entered by intermediary/ carrier - Medicare Secondary-COB investigate, N -No MSP coverage
SP21	Invalid MSP Code	A=Working Aged B=ESRD C= Conditional Payment D= No Fault E= Workers' Compensation F= Federal G= Disabled H= Black Lung I= Veteran's Administration L= Liability
SP22	Invalid Diagnosis Code 1-5	Valid Diagnosis Code
SP23	Invalid Remarks Code 1-3	See the Valid Remarks Codes Below
SP24	Invalid Insurer Type	See definitions of Insurer Type codes below

Error Code	Definition	Valid Values
SP25	Invalid Insurer Name An SP25 error is returned when the MSP Insurer Name is equal to one of the following: Supplement Supplemental Insurer Miscellaneous CMS Attorney Unknown None N/A Un Misc NA NO BC BX BS BCBX Blue Cross Blue Shield Medicare	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; : Insurer Name must be present if Validity Indicator = Y
SP26	Invalid Insurer Address 1 and/or Address 2	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP27	Invalid Insurer City	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP28	Invalid Insurer State	Must match U.S. Postal Service state abbreviation table.
SP29	Invalid Insurer Zip Code	If present, 1st 5 digits must be numeric. If foreign country "FC" state code, the nine

Error Code	Definition	Valid Values
		positions may be spaces.
SP30	Invalid Policy Number	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP31	Invalid MSP Effective Date (Mandatory)	Non-blank, non-zero, numeric, number of days must correspond with the particular month. MSP Effective Date must be less than or equal to the current date.
SP32	Invalid MSP Termination Date	Must be numeric; may be all zeroes if not used; if used, date must correspond with the particular month.
SP33	Invalid Patient Relationship	The following codes are valid for all MSP Auxiliary occurrences regardless of accretion date: 01 = Self; Beneficiary is the policy holder or subscriber for the other GHP insurance reflected by the MSP occurrence **–or-** Beneficiary is the injured party on the Workers Compensation, No-Fault, or Liability claim 02 =Spouse or Common Law Spouse 03 = Child 04 = Other Family Member 20 = Life Partner or Domestic Partner The following codes are only valid on MSP Auxiliary occurrences with accretion

Error Code	Definition	Valid Values
		dates **PRIOR TO 4/4/2011**: 05 = Step Child 06 = Foster Child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped Dependent 11 = Organ donor 12 = Cadaver Donor 13 = Grandchild 14 = Niece/Nephew 15 = Injured Plaintiff 16 = Sponsored Dependent 17 = Minor Dependent of a Minor Dependent 18 = Parent 19 = Grandparent 20 = Life Partner or Domestic Partner
SP34	Invalid subscriber First Name	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP35	Invalid Subscriber Last Name	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP36	Invalid Employee ID Number	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP37	Invalid Source Code	Spaces, A through W, 0 – 19, 21, 22, 25, 26, *39,* 41, *42,* 43. See §10.2 for definitions of valid CWF Source Codes.
SP38	Invalid Employee Information Data Code	Spaces if not used, alphabetic values P, S, M, F. See §30.3.4 for definition of each code.
SP39	Invalid Employer Name	Spaces if not used. Valid Values: Alphabetic, Numeric, Space,

Error Code	Definition	Valid Values
		Comma, & - ' . @ # / ; :
SP40	Invalid Employer Address	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP41	Invalid Employer City	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP42	Invalid Employer State	Must match U.S. Postal Service state abbreviations.
SP43	Invalid Employer ZIP Code	If present, 1st 5 digits must be numeric. If foreign country ‘FC’ is entered as the state code, and the nine positions may be spaces.
SP44	Invalid Insurance Group Number	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP45	Invalid Insurance Group Name	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP46	Invalid Pre-paid Health Plan Date	Numeric; number of days must correspond with the particular month.
SP47	Beneficiary MSP indicator not on for delete transaction.	Occurs when the code indicating the existence of MSP auxiliary record is not equal to "1" and the MSP maintenance transaction type is equal to ‘1’.
SP48	MSP auxiliary record not found for delete data transaction	See MSP Auxiliary Record add/update and delete function procedures above.
SP49	MSP auxiliary occurrence not found for delete data transaction	See MSP Auxiliary Record add/update and delete function procedures above.

Error Code	Definition	Valid Values
SP50	Invalid function for update or delete. Contractor number unauthorized	See MSP Auxiliary Record add/update and delete function procedures above
SP51	MSP Auxiliary record has 17 occurrences and none can be replaced	
SP52	Invalid Patient Relationship Code which is mandatory for MSP Codes A, B and G when the Validity Indicator is "Y"	Accretion Dates prior to 4/4/2011: Patient Relationship must be 01 or 02 for MSP Code A (Working Aged). Patient Relationship must be 01, 02, 03, 04, 05, 18 or 20 for MSP Codes B (ESRD) and G (Disabled). Accretion Dates 4/4/2011 and subsequent: Patient Relationship must be 01 or 02 for MSP Code A (Working Aged). Patient Relationship must be 01, 02, 03, 04, or 20 for MSP Codes B (ESRD) and G (Disabled).
SP53	The maintenance transaction was for Working Aged EGHP and there is either a ESRD EGHP or Disability EGHP entry on file that has a termination date after the Effective date on the incoming transaction or is not terminated, and the contract number on the maintenance transaction is not equal to "11102", "11104", 11105", "11106", "33333", "66666", "77777", "88888", or "99999".	
SP54	MSP Code A, B or G has an Effective date that is in conflict with the calculated age 65 date of the Bene.	For MSP Code A, the Effective date must not be less than the date at age 65. For MSP Code G, the Effective date must not be greater than the date at age 65.
SP55	MSP Effective date is less than the earliest	

Error Code	Definition	Valid Values
	Bene Part A or Part B Entitlement Date.	
SP56	MSP Prepaid Health Plan Date must be = to or greater than MSP Effective date or less than MSP Term. date.	
SP57	Termination Date Greater than 6 months prior to date added for Contractor numbers other than 11100 – 11119, 11121, 11122, 11126, *11139,* 11141, *11142,* 11143, 33333, 55555, 77777, 88888, and 99999.	
SP58	Invalid Insurer type, MSP code, and validity indicator combination.	If MSP code is equal to "A" or "B" or "G" and validity indicator is equal to "I" or "Y" then insurer type must not be equal to spaces.
SP59	Invalid Insurer type, and validity indicator combination	If validity indicator is equal to "N" then insurer type must be equal to spaces.
SP60	Other Insurer type for same period on file (Non "J" or "K") Insurer type on incoming maintenance record is equal to "J" or "K" and Insurer type on matching aux record is not equal to "J" or "K".	Edit applies only to MSP codes: A - Working Aged, B - ESRD EGHP, G - Disability EGHP
SP61	Other Insurer type for same period on file ("J" or "K") Insurer type on incoming maintenance record is not equal to "J" or "K" and Insurer type on matching aux record is equal to "J" or "K".	Edit applies only to MSP codes: A - Working Aged, B - ESRD EGHP, G - Disability EGHP
SP62	Incoming term date is less than MSP Effective date.	
SP66	MSP Effective date is greater than the Effective date on matching occurrence on auxiliary file	
SP67	Incoming term date is less than posted term date for Provident	
SP72	Invalid Transaction attempted	A HUSP add transaction is received from a FI or Carrier (non-COBC) with a validity indicator other than "I".

Error Code	Definition	Valid Values
SP73	Invalid Term Date/Delete Transaction	A FI or Carrier attempts to change a Term Date on a MSP Auxiliary record with a "I" or "Y" Validity Indicator that is already terminated, or trying to add Term Date to "N" record.
SP74	Invalid cannot update "I" record.	A FI or Carrier submits a HUSP transaction to update/change an "I" record or to add an "I" record and a match MSP Auxiliary occurrence exists with a "I" validity indicator.
SP75	Invalid transaction, no Medicare Part A benefits	A HUSP transaction to add a record with a Validity Indicator equal to "I" (from an FI/carrier) or "Y" (from COBC) with an MSP Type equal to "A", "B", "C" or "G" and the effective date of the transaction is not within a current or prior Medicare Part A entitlement period, or the transaction is greater than the termination date of a Medicare entitlement period.
SP76	MSP Type is equal to W (Workers' Compensation Medicare Set-Aside) and there is an open MSP Type E (Workers' Compensation) record.	

50.3 - MSP "W' Record and Accompanying Processes

(Rev. 89, Issued: 08-30-12; Effective Date: 01-01-13; Implementation Date: 01-07-13)

I. Common Working File Requirements (CWF)

Effective July 1, 2009, the Common Working File(CWF) shall accept a new Medicare Secondary Payer(MSP) code " W" for Workers' Compensation Medicare Set-Aside Arrangements(WCMSA) for use on the HUSP records for application on the HUSP Auxiliary File. The CWF shall indicate the description name for a MSP code "W" record as "WC Medicare Set-Aside.

The CWF shall accept a new contractor number 11119 on incoming MSP "W" HUSP records for application on the MSP Auxiliary file. The CWF shall accept a "19" in the source code field on both the HUSP, HUSC and HUST transactions for contractor 11119. The CWF shall accept the "Y" validity indicator for HUSP and HUSC transactions created by contractor 11119. The CWF shall return a "19" in the Source Code field of the '03' response trailer.

The CWF shall allow contractors 11100, 11101, 11102, 11103, 11104, 11105, 11106, 11107, 11108, 11109, 11110, 11111, 11112, 11113, 11114, 11115, 11116, 11117, 11118, 11119, 11122, 11125, 11126, *11139,* 11140,11141, *11142,* 11143, 33333, 55555, 77777, 88888, 99999, to update, delete, change records originated or updated by contractor 11119.

CWF will create and send a HUSC transaction to the contractor's shared systems that have processed claims for each beneficiary when an add or change transaction is received for contractor 11119 or from contractor 11119. The CWF shall use the following address for contractor number 11119:

WCMSA
P.O. Box 33847
Detroit, MI 48232

The CWF shall apply the same MSP consistency edits for Workers' Compensation (WC) code "E" to MSP code "W".

The CWF maintainer shall create a new error code (6815). The message for this new error code (6815) shall read "WC Set-Aside exists. Medicare contractor payment not allowed". CWF shall activate this error under the following conditions:

- A MSP code "W" record is present.
- The record contains a diagnosis code related to the MSP code "W" occurrence.

The CWF shall ensure that error code 6815 may be overridden by Medicare contractors with a code N or M, for claim lines or claims on which workers' compensation set-aside diagnosis do not apply. CWF shall accept the accept the new error code (6815) as returned on the 08 trailer.

The CWF will create a new HUSP transaction error code, SP76, to set when an incoming HUSP transaction with MSP Code "W" is submitted and the beneficiary MSP Auxiliary file contains an open MSP occurrence with MSP code "E" with the same effective date and diagnosis code(s).

II. Shared Systems and Medicare Contractors

Effective July 1, 2009, contractor shared systems shall accept a new MSP Code "W" to identify a Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) for use on HUSP records for application on the HUSP Auxiliary file. The Medicare shared systems shall accept the description name of 'WC Medicare Set-Aside' for MSP code "W" records.

The shared system shall accept a new contractor number “11119” on incoming MSP ‘W’ HUSP records for application on the MSP Auxiliary file.

The shared systems shall accept contractor number 11119 and MSP code ” W” and source code “19” on the returned 03 CWF trailer.

The contractor shared systems shall accept “19” in the source code field on the HUS, HUSC, and HUST transactions for contractor 11119. The shared systems shall accept a “Y” validity indicator, as well as, MSP code W for HUSC transactions created by contractor 11119.

The contractor shared systems shall accept and process HUSC and HUST transactions when an add, change or delete transaction is received for contractor 11119 or from contractor 11119.

The CROWD report shall be updated to reflect special project number ‘7019’ as Workers’ Compensation Set-Aside Arrangements.

Shared systems shall accept “19” in the header Payment Indicator field and in the detail Payment Process Indicator field for Contractor 11119.

Medicare contractors and their systems shall continue to accept claims with value code 15 for Part A and Insurance Code (15) for Part B and DME MAC against an open “W” MSP Auxiliary file.

The shared systems shall accept new error code (6815) as returned with the 08 trailer. Following receipt of the utilization error code 6815, the Medicare contractors systems shall deny all claims (including conditional payment claims) related to the diagnosis codes on the CWF MSP code “W”, when there is no termination date entered for the “W” code.

Upon denying the claim, all contractor shared systems shall create a “19” Payment Denial Indicator in the header of its HUIP, HUOP, HUHH, HUHC, HUBC, HUDC claims.

Upon denying the claim Carriers, DMACS, MCS and VMS shall…

- Populate a “W” in the MSP code field and

- Create a ‘19’ in the HUBC and HUDC claim header transaction and a ‘19’ in the claim detail process.

Upon denying the claim Part A contractors and the FISS system shall…

- Populate a 15 in the value code field, in addition to the requirements referenced above.

For MSP verification purposes, and prior to overriding claims on which the contractor received error code 6815, the contractor shall:

- check CWF to confirm that date the date of service of the claim is after the termination date of the MSP “W” record.

- and confirm the diagnosis code on the claim is related to the diagnosis codes on the MSP W record.

Carriers/DME MACs shall override the payable lines with override code N.

The FI contractors shall override the payable claims with override code N. If a claim is to be allowed, a ‘N’ shall be placed on the “001” Total revenue charge line of the claim.

The contractor shared systems shall allow an override of new error code 6815 with the code N.

The Comprehensive Error Rate Testing (CERT) contractor shall accept the MSP code ”W” in the claim resolution field.

The shared systems shall bypass the MSPPAY module if there is an open MSP code “W”.

The shared systems shall not make payment for those services related to diagnosis codes associated with the “W” Auxiliary record when the claims date of service is on or after the effective date and before or on the termination date of the record.

The shared systems shall make payment for those services related to the diagnosis codes associated with the “W” auxiliary record when a terminate date is entered and the claims date for service is after the termination date.

The shared systems shall include Reason Code 201, Group Code “PR”, Remark Code MA01, when denying claims based on a ‘W’ MSP auxiliary record on outbound 837 claims.

The shared systems shall utilize Group Code “PR”; Remark Code MA01, Reason Code 201, when denying claims based on a “W” MSP auxiliary record for 835 ERA and SPR messages.

The shared system shall afford appeal rights for denied MSP code “W” claims.

III. The Medicare Contractors:

- Shall not make payment for those services related to diagnosis codes associated with an open “W” auxiliary record (not termed).

- Shall make payment for those services related to diagnosis codes associated with a termed auxiliary “W” record when the claims date of service is after the termination date.

The Medicare contractors shall include Reason Code 201, Group Code “PR”, Remark Code MA01, when denying claims based on a ‘W’ MSP auxiliary record on outbound 837 claims.

The Medicare contractors shall utilize Group Code “PR”; Remark Code MA01, Reason Code 201, when denying claims based on a “W” MSP auxiliary record for 835 ERA and SPR messages.

The Medicare Contractors and share systems shall afford appeal rights for denied MSP code “W” claims.

Those systems responsible for the 270/271 transaction shall ensure that documentation concerning the EB value and qualifier WC is updated.

The CROWD report shall be updated to reflect special project number “7019” as Workers’ Compensation Medicare Set-Aside Arrangements.