



**MEDICARE SECONDARY PAYOR  
QUESTIONNAIRE**

Patient Identification
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*The purpose of this questionnaire is to ensure that all situations in which Medicare is the secondary payor are identified so that appropriate billing will occur.*

**Directions:** For each question, check the appropriate answer, YES or NO. Space is provided at the end of the questionnaire to provide any requested information.

QUESTIONS ASKED BY: _____ (first initial & last name)	Yes	No
1. Are you receiving Black Lung (BL) benefits and are the services being performed related to BL? <i>If YES, indicate "Receives BL Benefits" under Black Lung. It is primary. The insurance effective date should be the date BL began. If NO, go to question #2.</i>		
2. Has the Department of Veterans Affairs (VA) authorized and agreed to pay for care at this facility? <i>If YES, collect information for VA payor. It is primary. If NO, go to question #3.</i>		
3. Are services to be paid by a government, such as a research grant? <i>If YES, collect information for Government payor. It is primary. If NO, go to question #4.</i>		
4. Was the illness/injury due to a work related accident/condition that is covered by Workers Compensation (WC)? <i>If YES, collect information for WC benefits. It is primary. If NO, go to question #5.</i>		
5. Was illness/injury due to a non-work related accident? <i>If YES, go to question #6. If NO, go to question #8.</i>		
6. What type of accident caused the illness/injury? <i>If auto accident, write A. Collect auto insurance, if available. If not available, go to question #7. If accident other than auto, write O. Go to question #7.</i>		
7. Was another party responsible for this accident? <i>If YES, collect information for liability insurer. It is primary. If NO, go to question #8.</i>		
8. Are you entitled to Medicare based on Age (A), Disability (D) or End Stage Renal Disease (ESRD)? <i>If YES, indicate A, D or ESRD in block. If A, go to question #9. If D, go to question #13. If ESRD, provide date dialysis began, and go to question #17.</i>		

<p>9. AGE: Are you currently employed?  <i>If YES, go to question #10, and complete employer data on patient.</i>  <i>If NO, go to question #10.</i></p>		
<p>10. Is your spouse currently employed?  <i>If YES, go to question # 11.</i>  <i>If YES to #9 and NO to #10, go to question #11.</i>  <i>If NO to #9 and NO to #10, Medicare is primary.</i></p>		
<p>11. Do you have Group Health Plan coverage based on your own or spouse=s employment?  <i>If YES, go to question # 12.</i>  <i>If NO, Medicare is primary.</i></p>		
<p>12. Does the employer that sponsors your Group Health Plan employ 20 or more employees?  <i>If YES, collect information for GHP. GHP is primary.</i>  <i>If NO, Medicare is primary.</i></p>		
<p>13. DISABILITY: Are you currently employed?  <i>If YES go to question #14 and complete employer data on patient.</i>  <i>If NO, go to question #14.</i></p>		
<p>14. Is a family member currently employed?  <i>If YES, go to question #15.</i>  <i>If YES to #13 and NO to #1 enter P and go to question #15.</i>  <i>If NO to #13 and NO to #14, Medicare is primary.</i></p>		
<p>15. Do you have Group Health Plan (GHP) coverage based on your own or family member=s current employment?  <i>If YES, go to question #16.</i>  <i>If NO, Medicare is primary.</i></p>		
<p>16. Does the employer that sponsors your Group Health Plan (GHP) employ 100 or more employees?  <i>If YES, collect information for GHP. It is primary.</i>  <i>If NO, Medicare is primary.</i></p>		
<p>17. ESRD: Have you received a kidney transplant?  <i>If YES, go to question #18. Date of Transplant: _____</i>  <i>If NO, Medicare is primary.</i></p>		
<p>18. ESRD: Have you received maintenance dialysis treatments?  <i>If YES, go to question #19. Date of Treatment: _____</i>  <i>If NO, go to question #19.</i></p>		
<p>19. Do you have GHP coverage?  <i>If YES, go to question #20.</i>  <i>If NO, Medicare is primary.</i></p>		

20. Are you within the 30 month coordination period? <i>If YES, go to question #21.</i> <i>If NO, Medicare is primary.</i>		
21. Are you entitled to Medicare on the basis of ESRD and age or ESRD and disability? <i>If YES, go to question #22.</i> <i>If NO, collect information for GHP. It is primary.</i>		
22. Was your initial entitlement to Medicare based on ESRD? <i>If YES, collect information for GHP. It is primary.</i> <i>If NO, go to question #23.</i>		
23. Is the GHP primary based on age or disability entitlement? <i>If YES, collect information for GHP. GHP is primary.</i> <i>If NO, Medicare is primary.</i>		

**ADDITIONAL INFORMATION**

**Black Lung or Worker's Compensation**

1. Insurance Company: \_\_\_\_\_
2. Claim/Policy #: \_\_\_\_\_
3. Name of Employer: \_\_\_\_\_
4. Employer Location: \_\_\_\_\_
5. If BL, Insurance Effective Date or Date BL Began: \_\_\_\_\_

**GHP or Other Liability Insurance**

1. Insurance Company: \_\_\_\_\_
2. Name of Insured: \_\_\_\_\_
3. Relation to Insured: \_\_\_\_\_
3. Claim or Policy #: \_\_\_\_\_ Group Name: \_\_\_\_\_
4. Date of accident: \_\_\_\_\_