

Medicare Set-aside Services

If your client anticipates receiving a workers' compensation or liability settlement, you need to be concerned about protecting your client's important Medicare eligibility or continued entitlement.

You want a knowledgeable and experienced attorney to protect your client's interests and to safeguard you against possible legal malpractice claims for failure to protect your client's future Medicare entitlement or eligibility.

I have over 40 years combined experience in these fields. I am nationally credentialed by the Commission on Health Care Certification (CHCC) as an MSA consultant and am a Board-Certified Workers' Compensation Specialist in Connecticut certified by the Connecticut Bar Association Standing Committee on Workers' Compensation Certification.

I am AV-rated under Martindale-Hubbell's Peer Review Rating System, recognized by both Super and Best Lawyer publications, have authored two text and numerous articles on WCMSA and LMSA issues, and have spoken at over 75 conferences on the subject.

Either a Workers' Compensation Medicare Set-aside analysis (WCMSA) or Liability Medicare Set-aside analysis (LMSA) is available.

This WCMSA or LMSA analysis will project anticipated work or accident related injury or illness medical services and prescription drug therapy costs which would otherwise be payable or reimbursable by traditional Medicare Parts A or B and Medicare Part D, if applicable. The medical services costs are, unless otherwise indicated, projected on full actual charges without consideration of any State fee schedule, Medicare deductibles, co-pays, coinsurance, "gap" or "donut hole" coverage issues. The prescription drug costs are calculated based upon the Average Wholesale Cost as projected by RedBook. Further, unless otherwise noted, these costs are calculated on an annual basis and then projected based upon the above captioned life expectancy either based upon actual age or rated age.

The following information is required. Please download the appropriate forms for additional information and fee requirements.

1. Completion of the [Medicare Set-aside Request](#) (PDF)
2. Completion of the [Specific Case Information](#) (PDF)
3. Complete set of **medical reports** for the last two years of treatment. Include all surgical reports and hospital discharge records from date of injury forward.
4. **Pharmacy printout** or statement from treating physician(s) for all prescribed drugs for the last two (2) years of treatment. Include name of drug, unit form (capsule, tablet, patch etc.), prescribed strength and prescribed frequency.

5. **Medical payment recap history** (for WCMSA) or **Listing of all medical specials and submission of medical bills** (for LMSA) covering the last two years from the workers' compensation carrier or insurance carrier that paid accident related medical services

6. If an **implantable device** is being used or recommended you should consult with the appropriate physician and provide the following information:

- a. Device, electrodes, receiver manufacturer name
- b. Device, electrodes, receiver model # or type
- c. Device, electrodes, receiver cost including tax, freight and handling
- d. Facility fee, whether inpatient or outpatient, procedure code and cost
- e. Surgeon procedure code and cost
- f. Anesthesiologist procedure code and cost
- h. Programming services procedure code, frequency and cost
- i. Other associated costs

7. Copy of **Medicare card**, **Medigap** card and **Prescription Part D** plan, if applicable

8. Signed **HIPPA** [Authorization for Release of Protected Health Information](#) (PDF)