

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201735

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## Clarification of *IHCP TPL/Medicare Special Attachment Form* instructions

The implementation of CoreMMIS included a policy change that requires providers to submit third-party liability (TPL) and Medicare information at the detail-level for certain claim types. While the standard electronic data interchange (EDI) claim transactions (837P, 837I, and 837D) and the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (Portal) claim transactions support the ability to include this detail-level information, the paper claim forms (*ADA 2006*, *CMS-1500*, and *UB-04*) do not. To address this, the IHCP created the *IHCP TPL/Medicare Special Attachment Form* to be attached to all applicable paper claims. Information regarding this requirement was published in [IHCP Bulletin BT201667](#).



The claim types that require TPL information at the detail-level are as follows:

- Medical claims and medical crossover claims (*CMS-1500*)
- Home Health claims and home health crossover claims (*UB-04*)
- Outpatient claims and outpatient crossover claims (*UB-04*)
- Dental claims (*ADA 2006*)

The *IHCP TPL/Medicare Special Attachment Form* is required **ONLY** if paper claim forms are submitted. This form and the instructions can be found under Claim Forms on the [Forms](#) page at indianamedicaid.com. A Quick Reference Guide (QRG) explaining in detail how to submit paper claims with detail-level TPL information, both for Medicare crossover claims and for other insurance TPL, is available on the [Billing and Remittance](#) page at indianamedicaid.com.

Providers are strongly encouraged to file claims electronically, either through 837 transactions or through the Portal. Both submission methods support the inclusion of TPL at the detail-level without the use of an additional attachment. Also, electronic submissions are processed more efficiently than paper submissions.

For more information, refer to the provider reference module, [Claims Submission and Processing](#). (See the following sections: Healthcare Portal Claims, Paper Claims, and Claims That Do Not Cross Over Automatically). Other reference modules contain additional information about detail-level TPL: [Third Party Liability](#), [Provider Healthcare Portal](#).

### MORE IN THIS ISSUE

- [Code Sets corrected for provider specialties 200 – Audiologists, and 220 – Hearing Aid Dealers](#)

## Code Sets corrected for provider specialties 200 – Audiologists, and 220– Hearing Aid Dealers

The Indiana Health Coverage Programs (IHCP) has identified the following errors in the Hearing Services code tables:

- The Hearing Services Code Set for Audiologists (Specialty 200) should include Current Procedural Terminology (CPT<sup>®1</sup>) 92548 – *Computerized dynamic posturography*.
- The Hearing Services Code Set for Hearing Aid Dealers (Specialty 220) should include Healthcare Common Procedure Coding System (HCPCS) code S0618– *Audiometry for hearing aid evaluation to determine the level and degree of hearing loss*.

These corrections will be reflected in the next update to the Hearing Services code tables on the [Code Sets](#) web page at indianamedicaid.com. No claims are affected by this correction. The standard billing guidelines outlined in the [Hearing Services](#) provider reference module apply.

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