

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201576 NOVEMBER 10, 2015

IHCP revises guidance for submitting TPL and Medicare information on certain claim types

Currently, the Indiana Health Coverage Programs (IHCP) applies third-party liability (TPL) and Medicare information at the header level for all claim types. With the implementation of the new *CoreMMIS*, providers will be required to submit TPL and/or Medicare information at the detail level on certain claim types. In anticipation of this requirement in the new system, the IHCP is encouraging providers to begin submitting TPL and Medicare at the detail level now for those claim types where it will be required in *CoreMMIS*.

The claim types that will require TPL at the detail level in *CoreMMIS* include:

- Medical
- Medical crossover
- Dental
- Home health
- Outpatient



The claim types that will require Medicare information (such as Medicare paid amount, deductible, coinsurance, copayment, blood deductible, and psych reductions, as applicable) at the detail level in *CoreMMIS* include:

- Medical crossover
- Outpatient crossover
- Home health crossover

All inpatient and long-term care claims will continue to process TPL and Medicare information at the header level.

For the applicable claim types, this requirement will apply to all claims processed in *CoreMMIS* regardless of the date of service on the claim. The purpose of this billing requirement is to provide a more accurate representation of claim reimbursement. It is also more consistent with the way TPL and Medicare information is processed within the larger healthcare industry.

Effective immediately, the following billing guidance is recommended:

- **837 Transactions:** The existing *Health Insurance Portability and Accountability Act* (HIPAA) 837 transactions currently support this requirement. Many providers already submit detail-level TPL and Medicare information on their 837 transactions. This information will be required with 837 transactions processed in the new *CoreMMIS* for all applicable claim types regardless of the date of service on the claim. ***All providers submitting the claim types listed in this bulletin via an 837 transaction should begin submitting TPL and Medicare information at the detail level.***

■ **Web interChange Claims:** Web interChange can currently accommodate the submission of TPL and Medicare information at the detail level. The Provider Healthcare Portal (Portal), which will replace Web interChange, will also support this capability. Detail-level TPL and Medicare information will be required for all applicable claim types filed electronically through the Portal and processed in the new CoreMMIS regardless of the date of service on the claim. **All providers submitting the claim types listed in this bulletin via Web interChange should begin submitting TPL and Medicare information at the detail level.** For additional information on submitting coordination of benefits (COB) data, providers should see the Coordination of Benefit Information section of the *Claims Submission Help* page on Web interChange.

■ **Paper Claims:** The *CMS-1500*, *UB-04*, and *ADA Dental 2006* paper claim forms do not provide a locator for submitting TPL or Medicare information at the detail level. **The IHCP encourages providers to use one of the electronic methods previously mentioned for submitting the claim types listed in this bulletin that contain TPL or Medicare information.** For those providers that choose to continue to submit claims on paper, the IHCP is developing a supplemental form to be completed and submitted along with the paper claim to provide detail-level TPL and Medicare information. Additional information about the form and instructions for completing the form will be communicated in an upcoming IHCP publication.

Providers should be aware that any adjustments to claims originally processed in IndianaAIM that are submitted after the implementation of CoreMMIS will be required to contain the appropriate detail-level TPL and/or Medicare information. The detail-level information will be required because an adjustment is a replacement to the original claim and therefore considered a new claim during the adjudication process. This requirement will apply to all the claim types noted in this bulletin. Failure to appropriately apply TPL and/or Medicare information at the detail level could result in denial of the adjusted claim in the new CoreMMIS.

Preparing now for changes that will occur with the implementation of CoreMMIS will help to mitigate potential problems. The IHCP will issue CoreMMIS billing guidance – including TPL and Medicare billing guidance – in upcoming CoreMMIS bulletins.

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