

Third-Party Liability (TPL)/Medicare Special Attachment Form Instructions

When submitting paper claims, providers should place this special attachment form directly behind the paper claim form. If additional attachments need to be submitted, those attachments should be placed behind this form. Paper claim forms and all relevant attachments should be mailed to the appropriate address based on claim type, as indicated in the [Indiana Health Coverage Programs \(IHCP\) Quick Reference Guide](http://indianamedicaid.com) at indianamedicaid.com.

1a	Billing Provider NPI	Required. Enter the Billing Provider NPI (or Medicaid ID, if atypical). This MUST match the billing provider number submitted on the claim, or the claim and attachment will be returned to the provider.
1b	Name	Enter the name of the billing provider.
2a	Member ID	Required. Enter the 12-digit member ID. This MUST match the member ID submitted on the claim, or the claim and attachment will be returned to the provider.
2b	Member Name	Enter the first and last name of the member.
3.1	Health Plan ID	Required. This should match the health plan ID submitted on the claim form. Sequence number one (3.1) is used for Medicare crossover claims only . Other insurance/TPL information should be submitted on sequence two (3.2).
3.1	Payer Name and Address	Enter the Medicare payer name and address.
3.1	Policy Number	Enter the Medicare policy number.
3.1	Date Paid	Required.
3.2	Health Plan ID	Required. Sequence number two (3.2) is used for submitting other insurance/TPL information only . Medicare crossover information should be submitted on sequence one (3.1).
3.2	Payer Name and Address	Enter the third-party (commercial insurance) payer name and address.
3.2	Policy Number	Enter the third-party (commercial insurance) policy number.
3.2	Date Paid	Required.
3.3	Health Plan ID	Not currently used for IHCP. Please leave blank.
3.3	Payer Name and Address	Not currently used for IHCP. Please leave blank.
3.3	Policy Number	Not currently used for IHCP. Please leave blank.
3.3	Date Paid	Not currently used for IHCP. Please leave blank.
4	Detail #	Required. Enter 1, 2, 3, and so on, to correspond to the detail number submitted on the accompanying claim.
	Payer Seq	Required. Relates to payer identified in section 3. One (1) is always used for Medicare, and two (2) is always used for other insurance (TPL). Payer Seq 3 is not currently used by the IHCP.
	Deductible – PR 1	Required for Medicare crossover claims only.
	Coinsurance – PR 2	Required for Medicare crossover claims only.
	Copayment – PR 3	Required for Medicare crossover claims only.
	Blood Ded – PR 66	Required for Medicare crossover claims only.
	Psych Red – PR 122	Required for Medicare crossover claims only.
	Amount Paid	Required. For Payer Seq 1, this amount indicates the Medicare paid amount. For Payer Seq 2, this amount represents the other Insurance/TPL amount. Zero is a valid value.
	ARC	Required for other insurance/TPL amount claims ONLY if the amount paid = 0.