

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

## Introduction

This quick reference guide (QRG) clarifies how to report the required third-party liability (TPL) and Medicare information at the detail level when submitting paper claim forms.

## Topics Covered:

- ✓ **IHCP TPL/Medicare Special Attachment Form**
- ✓ **Dental Claims**
- ✓ **CMS-1500 Claims**
- ✓ **UB-04 Claims**
- ✓ **Tips for Completing the Form**

## IHCP TPL/Medicare Special Attachment Form

Providers must submit third-party liability (TPL) and Medicare information at the detail level for the following claim types:

- 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 standard electronic data interchange (EDI) claim transactions (837P, 837I, and 837D) and the Provider Healthcare Portal (Portal) claim transactions incorporate the ability to include this detail-level information within each transaction. Providers are encouraged to use the EDI or Portal claim transaction methods, when possible. Paper claim forms (*ADA 2006*, *CMS-1500*, and *UB-04*) do not include the required fields to report TPL and Medicare information at the detail level. As a result, if paper claim forms are filed, the *IHCP TPL/Medicare Special Attachment Form (IHCP TPL Form)* is required to be attached to the claim types noted above.

**NOTE:** This form is required **ONLY** if you are submitting a paper claim form for the required claim types.

## A. Dental Claims

When commercial insurance is the primary payer, the commercial insurance payment amount should be entered in field 35 of the *ADA 2006* dental claim form (see **Figure 1**).

Figure 1: TPL Payment Entered in Field 35 on ADA 2006 Dental Claim Form

RECORD OF SERVICES PROVIDED																												
24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)		28. Tooth Surface	29. Procedure Code	30. Description																		31. Fee			
1 03/01/2017		JP			OL	D2392																			21000			
2 03/01/2017		JP			DO	D2392																			21000			
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
MISSING TEETH INFORMATION		34. (Place an 'X' on each missing tooth)																32. Other Fee(s)										33. Total Fee
		34. (Place an 'X' on each missing tooth)																										42000
35. Remarks		40.00																										

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Detail-level commercial insurance payments must be entered on the *IHCP TPL Form* and attributed to the appropriate detail lines. Commercial insurance is always listed as Payer Seq 2 (see **Figure 2**).

*Figure 2: Commercial Insurance Information Reported on the IHCP TPL Form for Each Claim Detail*

### Indiana Health Coverage Programs

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

This supplemental form is used to submit other payer information for detail line items on *UB-04*, *CMS-1500*, and dental paper claims. This form must be attached to any paper claim that includes TPL and must be submitted to the appropriate address based on claim type.

1.	Billing Provider NPI	a. 1234567890	Name	b. ABC Dental
2.	Member ID	a. 100123456789	Name	b. Jane Doe

3. List other payers in order of responsibility. 1– Primary, 2 – Secondary, 3 – Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1				
2		Commercial Insurance	0123456	03/15/2017
3				

4 Enter prior payment amounts per claim detail.

Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	2						20.00	
2	2						20.00	

## B. CMS-1500 Claims

There are three ways this claim form can be filled out:

- Medicare primary
- Commercial insurance primary
- Both Medicare and commercial insurance

### B.1. Medicare Primary

When Medicare is the primary, the total Medicare paid amount, as well as the coinsurance, deductible, and other similar (combined) amount, should be entered in field 22 on the *CMS-1500* claim form (see **Figure 3**).

- The total Medicare paid amount is entered in the Original Ref. No. box.
- The coinsurance, deductible, and other similar (combined) amount is entered in the Resubmission Code box.

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Figure 3: Medicare Information Entered in Field 22 on the CMS-1500 Claim Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0		22. RESUBMISSION CODE 10.00		ORIGINAL REF. NO. 40.00							
A. K68.11		B. Z83.3		C. Y83.8		D.		E.		F.		G.		H.		I.		J.			
E.		F.		G.		H.		I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSON Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY		SERVICE				CPT/HCPCS MODIFIER															
1		10 01 16 10 01 16 11		N		99241 25				ABC		50.00		1		N		NPI		9876543210	
2		10 01 16 01 01 16 11		N		A6410 P2				ABC		45.00		11		N		NPI		0123456789	
3																		NPI			
4																		NPI			
5																		NPI			
6																		NPI			
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For print claims, see 028A)				28. TOTAL CHARGE		29. AMOUNT PAID		30. Rev'd for NUCC Use							
		<input type="checkbox"/> <input checked="" type="checkbox"/>		12341234		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				\$ 95.00		\$									

Detail-level Medicare payment amounts, along with the coinsurance, deductible, and other similar amounts, are entered on the *IHCP TPL Form* and attributed to the appropriate detail lines. Medicare is always listed as Payer Seq 1 (see **Figure 4**).

Figure 4: Medicare Information Reported on the IHCP TPL Form for Each Claim Detail

### Indiana Health Coverage Programs

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

This supplemental form is used to submit other payer information for detail line items on *UB-04*, *CMS-1500*, and dental paper claims. This form must be attached to any paper claim that includes TPL and must be submitted to the appropriate address based on claim type.

1.	Billing Provider NPI	a. 1234567890	Name	b. ABC Physician
2.	Member ID	a. 100123456789	Name	b. Jane Doe

3. List other payers in order of responsibility. 1 – Primary, 2 – Secondary, 3 – Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1		Medicare	0000001	10/15/2016
2				
3				

4. Enter prior payment amounts per claim detail.

Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	1		7.00				30.00	
2	1		3.00				10.00	

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

## B. 2. Commercial Insurance Primary

When commercial insurance is primary, the commercial insurance payment amount should be entered in field 29 on the CMS-1500 claim form (see **Figure 5**).

Figure 5: Commercial Insurance Payment Entered in Field 29 on the CMS-1500 Claim Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10: 0										22. RESUBMISSION CODE		ORIGINAL REF. NO.								
A. K68.11		B. Z83.3		C. Y83.8		D.		E.		F.		G.		H.		I.		J.		
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. RATIO I. ID. QUAL. J. RENDERING PROVIDER ID. #										PHYSICIAN OR SUPPLIER INFORMATION										
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	ABC			50.00	1	N	NPI	9876543210				
10	01	16	10	01	16	11	N	99241	25						ABC	45.00	11	N	NPI	0123456789
10	01	16	01	01	16	11	N	A6410	P2											
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gen. dental, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rptd. for NUCC Use								
		<input type="checkbox"/> <input checked="" type="checkbox"/>		12341234		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 95.00		\$ 8.00										

Detail-level commercial insurance payments are entered on the IHCP TPL Form and attributed to the appropriate detail lines. Commercial insurance is always listed as Payer Seq 2 (see **Figure 6**).

**NOTE:** The Deductible (PR1), Coinsurance (PR2), Copayment (PR3), and Psych Red (PR122) fields are used only for Medicare claims; these fields are left blank for commercial insurance.

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Figure 6: Commercial Insurance Information Reported on the IHCP TPL Form for Each Claim Detail

### Indiana Health Coverage Programs

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

This supplemental form is used to submit other payer information for detail line items on UB-04, CMS-1500, and dental paper claims. This form must be attached to any paper claim that includes TPL and must be submitted to the appropriate address based on claim type.

1.	Billing Provider NPI	a. 1234567890	Name	b. ABC Physician
2.	Member ID	a. 100123456789	Name	b. Jane Doe

3. List other payers in order of responsibility. 1– Primary, 2 – Secondary, 3 – Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1				
2		Commercial Insurance	0000002	10/20/2016
3				

4 Enter prior payment amounts per claim detail.

Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	2						5.00	
2	2						3.00	

## B.3. Both Medicare and Commercial Insurance

When both Medicare and a commercial insurance are payers, both the Medicare information and a commercial insurance payment are entered on the CMS-1500 claim form (see **Figure 7**):

- The total Medicare paid amount, as well as the coinsurance, deductible, and similar (combined) amount, should be entered in field 22.
  - The total Medicare paid amount is entered in the Original Ref. No. box.
  - The coinsurance, deductible, and other similar (combined) amount is entered in the Resubmission Code box.
- The commercial insurance payment amount should be entered in field 29.

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Figure 7: Medicare Information and Commercial Insurance Payment Entered on the CMS-1500 Claim Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.																	
A. K68.11		B. Z83.3		C. Y83.8		D.		E.		F.		G.		H.																	
I.		J.		K.		L.		M.		N.		O.		P.																	
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. SPOT Family Part		I. ID. QUAL.		J. RENDERING PROVIDER ID. #					
MM		DD		YY		MM		DD		YY		EMG		CPT-4/HCPCS		MODIFIER		\$		CHARGES		DAYS OR UNITS		SPOT Family Part		ID. QUAL.		RENDERING PROVIDER ID. #			
1		10		01		16		10		01		16		11		N		99241		25		ABC		50.00		1		N		NPI 9876543210	
2		10		01		16		01		01		16		11		N		A6410		P2		ABC		45.00		11		N		NPI 0123456789	
3																															
4																															
5																															
6																															
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rcvd. for NUCC Use											
										<input type="checkbox"/>		12341234		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 95.00		\$ 8.00													

Detail-level Medicare payment amounts, along with the coinsurance, deductible, and other similar amounts, and detail-level commercial insurance payment amounts, are entered on the IHCP TPL Form and attributed to the appropriate detail lines. Medicare is always listed as Payer Seq 1. Commercial insurance is always listed as Payer Seq 2.

**NOTE:** The Deductible (PR1), Coinsurance (PR2), Copayment (PR3), and Psych Red (PR122) fields are used only for Medicare claims; these fields are left blank for commercial insurance (see Figure 8).

Figure 8: Medicare and Commercial Insurance Information Reported on the IHCP TPL Form for Each Claim Detail

### Indiana Health Coverage Programs

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

This supplemental form is used to submit other payer information for detail line items on UB-04, CMS-1500, and dental paper claims. This form must be attached to any paper claim that includes TPL and must be submitted to the appropriate address based on claim type.

1.	Billing Provider NPI	a. 1234567890	Name	b. ABC Physician
2.	Member ID	a. 100123456789	Name	b. Jane Doe

3. List other payers in order of responsibility. 1- Primary, 2 - Secondary, 3 - Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1		Medicare	0000001	10/15/2016
2		Commercial Insurance	0000002	10/20/2016
3				

4. Enter prior payment amounts per claim detail.

Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	1		7.00				30.00	
1	2						5.00	
2	1		3.00				10.00	
2	2						3.00	

← Medicare Information - Detail 1

← Commercial Insurance - Detail 1

← Medicare Information - Detail 2

← Commercial Insurance - Detail 2



# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

## C. UB-04 Claims

There are three ways the *UB-04* claim form can be filled out:

- Medicare primary
- Commercial insurance primary
- Both Medicare and commercial insurance

### C.1. Medicare Primary

When Medicare is the primary payer, the following fields are entered on the *UB-04* claim form (**Figure 9**):

- The total Medicare paid amount is entered in field 54 – as Payer A.
- The coinsurance, deductible, and other similar amount are entered as Value Codes/Amounts in fields 39-41.

Figure 9: Medicare Information Entered in Fields 54A and 39-41 on the UB-04 Claim Form

38		39	40	41			
		CODE	VALUE CODES AMOUNT	CODE			
		A1	100.00				
		A2	15.00				
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
420	Physical Therapy		4/17/17	1	108.00		
420	Physical Therapy		4/19/17	1	108.00		
					<b>TOTALS</b>	216.00	
50 PAYER NAME		51 HEALTH PLAN ID	52 PELL INFO	53 AD BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare		00001			40.00		57
Medicaid						176.00	OTHER PRV ID

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Detail-level Medicare payment amounts, along with coinsurance, deductible, and other similar amounts, are entered on the *IHCP TPL Form* and attributed to the appropriate detail lines. Medicare is always listed as Payer Seq 1 (see **Figure 10**).

*Figure 10: Medicare Information Reported on the IHCP TPL Form for Each Claim Detail*

**Indiana Health Coverage Programs**  
**Third-Party Liability (TPL)/Medicare Special Attachment Form**

This supplemental form is used to submit other payer information for detail line items on *UB-04*, *CMS-1500*, and dental paper claims. This form must be attached to any paper claim that includes TPL and must be submitted to the appropriate address based on claim type.

1.	Billing Provider NPI	a. 1234567890	Name	b. ABC Therapy
2.	Member ID	a. 100123456789	Name	b. Jane Doe

3. List other payers in order of responsibility. 1 – Primary, 2 – Secondary, 3 – Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1		Medicare	555555555	05/01/2017
2				
3				

4 Enter prior payment amounts per claim detail.

Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	1		7.50				20.00	
2	1		7.50				20.00	

## C.2. Commercial Insurance Primary

When commercial insurance is the primary payer, the commercial insurance payment amount should be entered in field 54B – as Payer B on the *UB-04* claim form (see **Figure 11**).



# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Figure 11: Commercial Insurance Payments Entered in Fields 54B on the UB-04 Claim Form

				50 VALUE CODES AMOUNT		51 VALUE CODES AMOUNT		52 VALUE CODES AMOUNT	
				50 CODE	50 AMOUNT	51 CODE	51 AMOUNT	52 CODE	52 AMOUNT
A									
B									
C									
D									
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / MPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	50	51
1 420	Physical Therapy		04/17/17	1	108.00		1		
2 420	Physical Therapy		04/19/17	1	108.00		2		
3							3		
4							4		
5							5		
6							6		
7							7		
8							8		
9							9		
10							10		
11							11		
12							12		
13							13		
14							14		
15							15		
16							16		
17							17		
18							18		
19							19		
20							20		
21							21		
22							22		
23							23		
PAGE 1 OF 1				CREATION DATE	TOTALS	216.00			
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. NPI	53 AD. NPI	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57	58	59
Commercial Insurance				40.00			OTHER		
Medicaid					176.00		PRV. ID.		

Detail-level commercial insurance payments are entered on the *IHCP TPL Form* and attributed to the appropriate detail lines. Commercial insurance is always listed as Payer Seq 2 (see **Figure 12**).

**NOTE:** The Deductible (PR1), Coinsurance (PR2), Copayment (PR3), and Blood Ded (PR66) fields are used only for Medicare claims; these fields are left blank for commercial insurance.

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Figure 12: Commercial Insurance Information Reported on the IHCP TPL Form for Each Claim Detail

**Indiana Health Coverage Programs**  
Third-Party Liability (TPL)/Medicare Special Attachment Form

This supplemental form is used to submit other payer information for detail line items on *UB-04*, *CMS-1500*, and dental paper claims. This form must be attached to any paper claim that includes TPL and must be submitted to the appropriate address based on claim type.

1.	Billing Provider NPI	a. 1234567890	Name	b. ABC Therapy
2.	Member ID	a. 100123456789	Name	b. Jane Doe

3. List other payers in order of responsibility. 1– Primary, 2 – Secondary, 3 – Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1				
2		Commercial Insurance	99999999	05/01/2017
3				

4. Enter prior payment amounts per claim detail.

Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	2						20.00	
2	2						20.00	

### C.3. Both Medicare and Commercial Insurance

When both Medicare and commercial insurance are payers, both the Medicare information and the commercial insurance payment are entered on the *UB-04* claim form (see **Figure 13**):

- The total Medicare paid amount should be entered in field 54A – as Payer A.
- The total coinsurance, deductible, and other similar amounts should be entered as Value Codes/Amounts in fields 39-41.
- The commercial insurance payment amount should be entered in field 54B – as Payer B.

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Figure 13: Medicare Information and Commercial Insurance Payments Entered on the UB-04 Claim Form

38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		
		a	A2	b	15:00			
		c						
		d						
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 420	Physical Therapy			04/17/17	1	108:00		1
2 420	Physical Therapy			04/19/17	1	108:00		2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
PAGE 1 OF 1		CREATION DATE		TOTALS		216:00		23
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO	53 AC. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
A Medicare						50:00		
B Commercial Insurance						40:00		57 OTHER
C Medicaid							126:00	PRV ID

Detail-level Medicare payment amounts, along with the coinsurance, deductible, and other similar amounts, and detail-level commercial insurance payment amounts, are entered on the *IHCP TPL Form* and attributed to the appropriate detail lines. Medicare is always listed as Payer Seq 1. Commercial insurance is always listed as Payer Seq 2.

**NOTE:** The Deductible (PR1), Coinsurance (PR2), Copayment (PR3), and Blood Ded (PR66) fields are used only for Medicare claims; these fields are left blank for commercial insurance (see **Figure 14**).

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Figure 14: Medicare and Commercial Insurance Information reported on the IHCP TPL Form for Each Claim Detail

**Indiana Health Coverage Programs**  
Third-Party Liability (TPL)/Medicare Special Attachment Form

This supplemental form is used to submit other payer information for detail line items on UB-04, CMS-1500, and dental paper claims. This form must be attached to any paper claim that includes TPL and must be submitted to the appropriate address based on claim type.

1.	Billing Provider NPI	a. 1234567890	Name	b. ABC Therapy
2.	Member ID	a. 100123456789	Name	b. Jane Doe

3. List other payers in order of responsibility. 1– Primary, 2 – Secondary, 3 – Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1		Medicare	55555555	04/30/2017
2		Commercial Insurance	99999999	05/01/2017
3				

4. Enter prior payment amounts per claim detail.

Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	1		7.50				25.00	
1	2						20.00	
2	1		7.50				25.00	
2	2						20.00	

← Medicare Information - Detail 1  
← Commercial Insurance - Detail 1  
← Medicare Information - Detail 2  
← Commercial Insurance - Detail 2

## Tips for Completing the IHCP TPL/Medicare Special Attachment Form

The [IHCP TPL Form](#) and [instructions](#) are accessible from the [Forms](#) page at indianamedicaid.com. Additional tips are outlined here to help providers complete the form correctly.

### Tip 1

Make certain that the billing provider number on the *IHCP TPL Form* matches the billing provider number submitted on the claim form.

### Tip 2

Ensure that the Member ID included on the *IHCP TPL Form* matches the Member ID submitted on the claim form.

### Tip 3

Providers should enter the health plan information in sections 3.1 and 3.2; some fields are required to process the attachment, while others are expected to be completed if the information is available. All required information entered here should match the same information submitted on the claim form (see **Figure 15**).

- Health Plan ID (section 3.1 – Required; section 3.2 – Not required)
- Payer name (section 3.1 – Required; section 3.2 – Not required)
- Payer address (sections 3.1 and 3.2 – Not required)
- Policy number (section 3.1 – Required; section 3.2 – Not required)
- Date Paid (sections 3.1 and 3.2 – Required)

# Quick Reference Guide: TPL/Medicare Special Attachment Form Instructions

Figure 15: Entering the Medicare Health Plan ID

3. List other payers in order of responsibility. 1– Primary, 2 – Secondary, 3 – Tertiary

Seq	Health Plan ID	Payer Name and Address	Policy Number	Date Paid
1	08102	Medicare	0987654	06/01/2017
2		Commercial Insurance	0123456	06/02/2017
3				

**NOTE:** Enter only one date paid per line.

## Tip 4

Always enter a detail number that correlates to the proper detail number on the claim form.

## Tip 5

If Medicare or the commercial insurance payment amount on the detail was zero, enter \$0 in the Amount Paid field for that detail. This field must contain a dollar amount of zero or greater.

## Tip 6:

The adjustment reason code (ARC) field is for commercial insurance TPL (Payer Seq 2) only. An ARC code can be entered *IF* the TPL insurer denied payment (so the TPL paid amount is zero) and the denial ARC code on the TPL primary payer explanation of benefits (EOB) is a valid code that can bypass submitting the EOB. Under all other scenarios, this field should be left blank.

**NOTE:** Providers may also submit an EOB instead of providing an ARC code to bypass.

An ARC is two to three characters in length and can contain alphabetic characters; however, CO, PR, PI, and OA are **not** ARC codes and should not be entered in this field. The list of valid ARC denial codes able to bypass attachment of the TPL EOB can be found in the [Claims Submission and Processing](#) provider reference module.

**NOTE:** The ARC field is **not** used for Medicare payments and should always be left blank if the Payer Seq is 1.