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

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 1

DXC.technology

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**).

<div align="center">

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

</div>

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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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 2

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

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
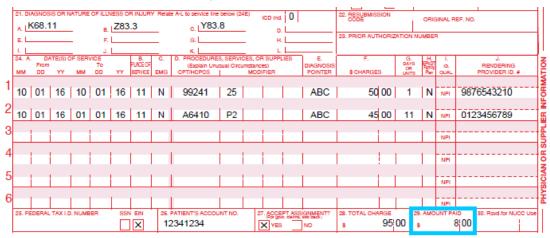

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 3

DXC.technology

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

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.

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 4

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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.

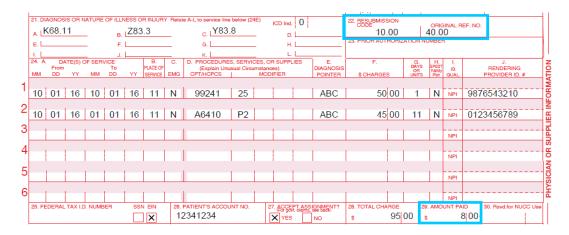| Detail #	Payer Seq	Deductible PR 1	Coinsurance PR 2	Copayment PR 3	Blood Ded PR 66	Psych Red PR 122	Amount Paid	ARC Required if Amount Paid = 0
1	2						5.00	
2	2						3.00	

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.
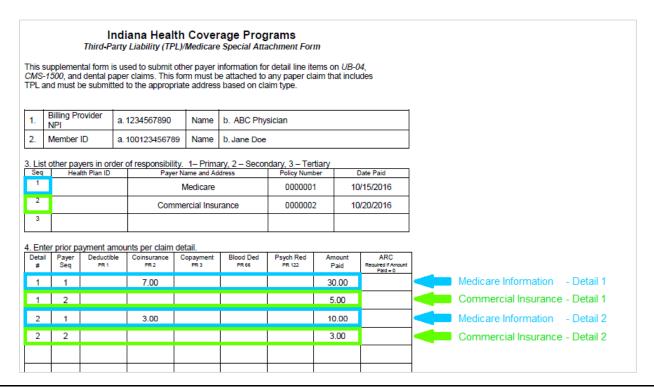- The commercial insurance payment amount should be entered in field 29.

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 5

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

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

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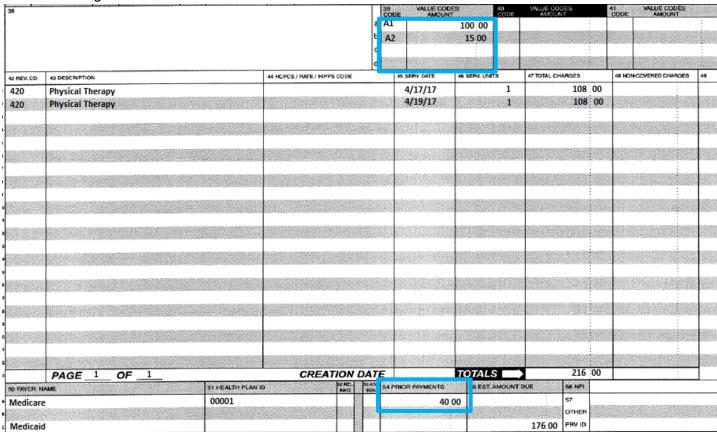
Figure 9: Medicare Information Entered in Fields 54A and 39-41 on the UB-04 Claim Form

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**).

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 8

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

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.

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 9

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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.

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 10

DXC.technology

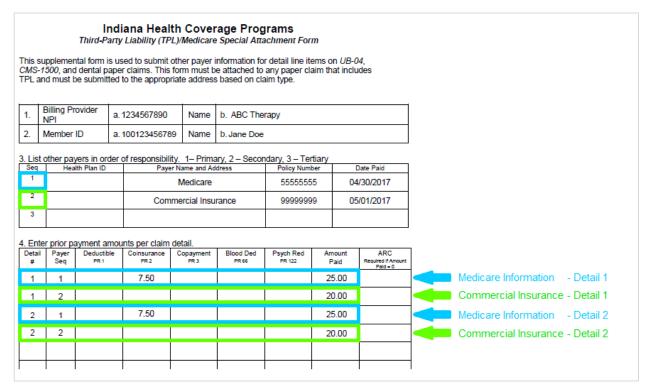*Figure 13: Medicare Information and Commercial Insurance Payments
Entered on the UB-04 Claim Form*

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**).

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 11

DXC.technology

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

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)

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.

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Quick Reference Guide: TPL/Medicare Special Attachment Instructions
Published: August 2017   Page 13

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