

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

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## 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:

- Professional (also known as *medical* or *physician*) claims and professional crossover claims (*CMS-1500 claim form, IHCP Provider Healthcare Portal [Portal] professional claim, or 837P transaction*)
- Home health claims and home health crossover claims, including hospice (*UB-04 claim form, Portal institutional claim, 837I transaction with a corresponding type of bill*)
- Outpatient claims and outpatient crossover claims (*UB-04 claim form, Portal institutional claim, 837I transaction with an outpatient type of bill*)
- Dental claims (*ADA 2012 claim form, Portal dental claim, 837D transaction*)

The standard electronic data interchange (EDI) claim transactions (837P, 837I, and 837D) and the 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 2012, 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* (referred to in this guide as *IHCP TPL Form*) is required to be attached to the claim types noted above.

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

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## **A. Dental Claims**

When commercial insurance is the primary payer, the commercial insurance payment amount should be entered in field 35 of the *ADA 2012* dental claim form (see **Figure 1**).

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Figure 1: TPL Payment Entered in Field 35 on ADA 2012 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	29a. Diag. Pointer	29b. Qty	30. Description	31. Fee											
03/12/2021		JP		OL	D2392				210.00											
03/12/2021		JP		DO	D2392				210.00											
33. Missing Teeth Information (Place an "X" on each missing tooth)					34. Diagnosis Code List Qualifier		(ICD-9 = B, ICD-10 = AB)		31a. Other Fee(s)											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	35a. Diagnosis Code(s) (Primary diagnosis in 'A')	A	C	32. Total Fee	420.00
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	B	D			
35. Remarks																				
40.00																				

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	

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## 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.

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		ORIGINAL REF. NO.				
A. K68.11			B. Z83.3			C. Y83.8			D.		10.00		40.00					
E.			F.			G.			H.		23. PRIOR AUTHORIZATION NUMBER							
I.			J.			K.			L.									
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMS	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. PROT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER								
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?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd. 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**).

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

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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	

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## 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 Ind. 0										22. RESUBMISSION CODE		ORIGINAL REF. NO.									
A. K68.11			B. Z83.3			C. Y83.8			D.			23. PRIOR AUTHORIZATION NUMBER									
E.		F.		G.		H.		I.		J.		K.		L.							
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. RATIO (P/R) I. ID. QUAL. J. RENDERING PROVIDER ID. #										PHYSICIAN OR SUPPLIER INFORMATION											
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 <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 12341234			27. ACCEPT ASSIGNMENT? (For gov. claims, use box.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 95.00		29. AMOUNT PAID \$ 8.00		30. Paid for NUCC Use							

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

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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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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. SUBMISSION DATE		ORIGINAL REF. NO.																			
A. K68.11			B. Z83.3			C. Y83.8			D.		10.00		40.00																				
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. SPOBT Family Pat		I. ID. QUAL.		J. 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? (For group claims, see text)				28. TOTAL CHARGE				29. AMOUNT PAID				30. Rcvd. 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 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

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*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

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## 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	VALUE CODES AMOUNT	CODE	VALUE CODES AMOUNT
			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 NONCOVERED CHARGES	49	
420	Physical Therapy		4/17/17	1	108.00			
420	Physical Therapy		4/19/17	1	108.00			
PAGE 1 OF 1			CREATION DATE	TOTALS	216.00			
50 PAYER NAME	51 HEALTH PLAN ID	52 PELL INFO	53 AD BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID	
Medicare	00001			40.00				
Medicaid					176.00			

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**).



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

**Indiana Health Coverage Programs**  
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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 56	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**).

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

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / MPFS 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
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30

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 OTHER	58 NPI
Commercial Insurance				40.00				
Medicaid								176.00

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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.

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

**Indiana Health Coverage Programs**  
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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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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	b					
	A2		15:00				
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / NPPS 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 AT. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A Medicare				50:00			A
B Commercial Insurance				40:00		57 OTHER	B
C Medicaid					126:00	PRV ID	C

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

**Indiana Health Coverage Programs**  
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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 [in.gov/medicaid/providers](http://in.gov/medicaid/providers). 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)

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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				

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

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### 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.

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

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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 [Claim Submission and Processing](#) provider reference module.

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**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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