

# Third Party Liability (TPL) Avoidance for Exhausted Benefits

Providers submitting claims through the electronic data interchange (EDI) may now indicate when a member's third party benefits have been exhausted for the service(s) being billed. Using this process allows the claim to bypass a manual claims processor review when there are no third party payments due to exhausted benefits.

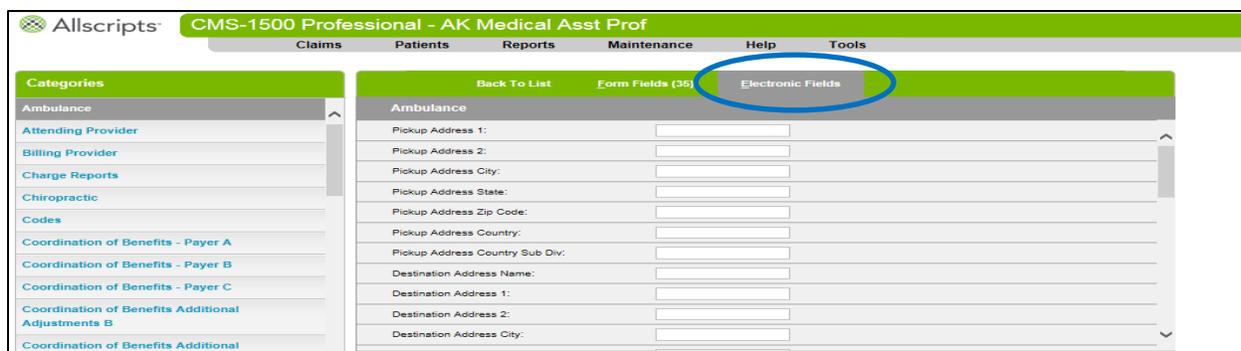
## How to Indicate Exhausted Benefits on an Electronic Professional Claim

Within the electronic claim transaction, the following submission steps are required to indicate that the member has exhausted third party benefits:

1. The third party payer Claim Adjustment Group Code value must be submitted in the CAS01 data element in the CAS segment inside the 2320 loop.
2. Submit Claim Adjustment Reason Code (CARC) value **119** in the CAS02 data element.
3. Submit the monetary amount of the denied service in the CAS03 data element.
4. Services that **are** covered by the third party payer must be submitted on separate claims. **Do not include covered services on the same claim with services denied for exhausted benefits.**
5. No other payer payments should be reported on claims for services denied for exhausted benefits.

## How to Indicate Exhausted Benefits on Professional Claims within PayerPath

1. Select the Electronic Fields tab.



The screenshot shows the Allscripts CMS-1500 Professional interface for a user named 'AK Medical Asst Prof'. The 'Claims' tab is active, and the 'Electronic Fields' sub-tab is selected and circled in blue. The main content area displays the 'Ambulance' form with various address fields for pickup and destination.

Categories	Form Fields (36)
Ambulance	Pickup Address 1:
Attending Provider	Pickup Address 2:
Billing Provider	Pickup Address City:
Charge Reports	Pickup Address State:
Chiropractic	Pickup Address Zip Code:
Codes	Pickup Address Country:
Coordination of Benefits - Payer A	Pickup Address Country Sub Div:
Coordination of Benefits - Payer B	Destination Address Name:
Coordination of Benefits - Payer C	Destination Address 1:
Coordination of Benefits Additional Adjustments B	Destination Address 2:
Coordination of Benefits Additional	Destination Address City:

- Under the Categories section, scroll down and select Coordination of Benefits-Detail Line Fields.

The screenshot shows the Allscripts CMS-1500 Professional - AK Medical Asst Prof interface. The top navigation bar includes 'Claims', 'Patients', 'Reports', 'Maintenance', 'Help', and 'Tools'. The left sidebar, titled 'Categories', lists various coordination of benefits options. A blue arrow points to 'Coordination of Benefits-Detail Line Fields', which is highlighted in blue. The main content area shows the 'Coordination of Benefits-Detail Line Fields Service Lines' form. The form includes fields for 'Service Line: 1', 'Date of Service: -', and 'Proc Code:'. Below these are input fields for 'Line Item Control Number', 'Approved Amount', 'Paid Amount', 'Paid Units', 'Pay Date', 'Payer Id2', 'Service Id Qualifier', and 'Remaining Patient Liability'. The 'Adjustment Group 1' section contains a 'Group Code' dropdown menu and a table with columns for 'Reason', 'Amount', and 'Qty'. The table has three rows, each with a 'Reason' dropdown and corresponding 'Amount' and 'Qty' input fields.

- Select Claim Adjustment Group Code value provided by the other payer from the dropdown menu.

The screenshot shows the same Allscripts CMS-1500 Professional - AK Medical Asst Prof interface. The 'Categories' sidebar is visible on the left. The main content area shows the 'Coordination of Benefits-Detail Line Fields Service Lines' form. The 'Adjustment Group 1' section is expanded, and the 'Group Code' dropdown menu is open, displaying a list of adjustment codes: 'CO-Contractual Obligations', 'CR-Correction and Reversals', 'OA-Other Adjustments', 'PI-Payer Initiated reductions', and 'PR-Patient Responsibility'. A blue arrow points to this dropdown menu. The table below the dropdown has columns for 'Reason', 'Amount', and 'Qty', with three rows for data entry.

- Select Claim Adjustment Reason Code value **119** from the dropdown menu to report the exhausted benefits.

The screenshot shows the 'Adjustment Group 1' section of the Allscripts CMS-1500 Professional interface. A dropdown menu is open, displaying a list of reasons for denial. The reason '119 - Benefit maximum for this time p...' is highlighted, and a blue arrow points to it. The interface also shows fields for 'Line Item Control Number', 'Approved Amount', 'Paid Amount', 'Paid Units', 'Pay Date', 'Payer Id', 'Service Id Qualifier', and 'Remaining Patient Liability'.

- Be sure to enter the monetary amount of the services denied due to exhausted benefits within the amount field before submitting.

The screenshot shows the 'Adjustment Group 1' section of the Allscripts CMS-1500 Professional interface. The 'Reason' dropdown is set to '119 - Benefit maximum for this time p...', and the 'Amount' field is populated with '\$100.00'. The interface also shows fields for 'Line Item Control Number', 'Approved Amount', 'Paid Amount', 'Paid Units', 'Pay Date', 'Payer Id', 'Service Id Qualifier', and 'Remaining Patient Liability'.

For further information, contact the EDI Coordinator at 907.644.6800, option 3 or 800.770.5650 (toll-free), option 1, 4.