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.
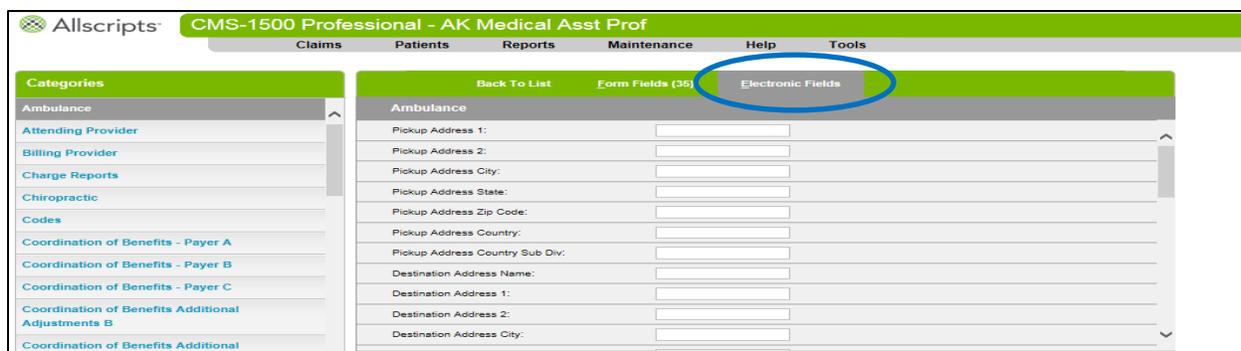
How to Indicate Exhausted Benefits on an Electronic Professional Claim

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.

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

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

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

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

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