

Third Party Liability - Dental and Vision Claims with Primary Insurance

Attention Kansas Providers,

Effective **1/01/19**, all Kansas Providers must apply the following information when submitting claims for members who have active Primary Insurance, Third Party Liability (TPL) for the date of service (DOS) on the claim. The enhanced TPL process applies to Paper and Provider Web Portal claim submissions. EDI claims submission requires Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) by the clearinghouses.

Kansas Medicaid Assistance Program (KMAP) has advised all claims submitted with Primary Insurance payment must be submitted with a CARC code for each service line unless the Primary Insurance did not make an adjustment to the service payment.

- TPL insurance must be billed PRIOR to billing Kansas Medicaid. Medicaid is to be the payer of last resort.
- Providers must include information about active primary TPL insurance coverage for members who participate in the Kansas Medicaid benefit plan when submitting a claim for the date of service.

Please note, there will be a review of historic claims (submitted with date of service January 1, 2019 or after) that have been identified as missing CARC/RARC information.

When submitting a claim for members with active primary TPL insurance coverage:

- If submitting a claim through the Provider Web Portal, please reference this quick guide: [Submitting Claims with Other Coverage Information](#)
- The Explanation of Benefits (EOB) from the primary TPL insurance should list the CARC or RARC code for each of the service lines that was adjusted. Please feel free to reference the instructions in the General TPL Payment Manual located on the KMAP site:
 - <https://www.kmap-state-ks.us/Public/providermanuals.asp>
 - Current Manual Type: General TPL Payment
- All COB payments and member responsibility must be documented in the appropriate fields for paper claim submissions.
- COB payment and member responsibility needs to be included in the appropriate loop or segment field for claims submitted via clearinghouse.
- The COB payment amounts from the primary dental insurance must be documented for each service line.

What to do if a claim is denied for a member because a CARC or RARC code is not supplied for each payment adjustment:



If a claim is denied because a CARC or RARC code is not supplied for each payment adjustment, providers will see a denial description of 'Please resubmit with missing CARC/RARC information. KMAP has provided a form (TPL_ CARC-RARC) as a tool to submit CARC and/or RARC codes missing from the EOB.

- https://www.kmap-state-ks.us/Documents/Content/Forms/TPL_CARCRARC.pdf
 - For vision claims the *CMS 1500 form* must be included with the TPL CARC and RARC Form
- A complete and current list of codes is available at the [Washington Publishing Company](#) website.

What to do if a claim is denied for a member when your records show the member does not have primary TPL insurance:

If a claim is denied due to missing EOB information from primary insurance and there is documentation of a termed TPL, please complete the [TPL update form](#) and send it to the state of Kansas.

- Mail: PO Box 3571, Topeka, Kansas 66601
- Fax number: 785-274-5918
- Email: KSXIX-TPL-Request@dxc.com

Please contact representatives from Provider Services at 1-855-878-5372 or providerservices@skygenusa.com to assist with any claim payment needs or concerns.