



June 14, 2019

RE: Third Party Liability

Providers,

Empower will utilize the following processes for Third Party Liability (TPL) coverage:

- A. For dually eligible members with both Medicare and Medicaid coverage the following process is required:
 1. Providers bill the Medicare insurance as primary and obtain an EOB with denial or payment Information.
 2. Providers attach the EOB to the claim submission to Empower for payment as secondary payer of any remaining payable costs.
 3. EXCEPTION: Empower previously published a Medicare Bypass list, which remains in place and providers can bill directly to Empower for those services when rendered.
- B. For claims submissions where members have a commercial health insurance as primary insurer and the service is covered by the commercial carrier, providers will need to follow these steps:
 1. Providers bill the commercial carrier as primary insurance and obtain an EOB with payment information.
 2. Providers attach the EOB to the claim submission to Empower for payment as secondary payer of any remaining payable costs.
- C. For claims submission where members have a commercial health insurance as primary insurer and the service rendered is excluded from coverage under the commercial carrier's benefits; Empower will accept TPL verification, needed only once annually unless the member's commercial carrier changes requiring a second verification, in one of the following ways:
 1. Providers can provide one of the following via portal or mail:
 - a. EOB denial
 - b. Document outlining the benefit coverage provided by the commercial carrier with the service listed as an excluded benefit
 - c. Letter from the commercial carrier on their letterhead stating codes are not covered under the member's health insurance plan
- D. In addition, Empower has adopted a TPL bypass policy for certain service codes believed to not be included benefits in any commercial health insurance plan in Arkansas. Attached is the list of codes, which do not need to go to the primary insurance first. Providers submit claims for these services directly to Empower and will bypass TPL edits. Empower will utilize a retroactive review process on these codes and asks providers to maintain TPL information as follows:
 1. Member certifies through written attestation the service is excluded by providing commercial carrier's insurance coverage documentation.
 2. Commercial Carriers can provide a blanket statement in writing certifying the code set is excluded from any of their offered insurance coverages in Arkansas.
 3. DHS provides written guidance to providers and the PASSEs waiving the TPL verification requirements for specific codes.



4. Providers are asked to maintain information for Empower review in their systems in one of the following ways:
 - a. EOB denial
 - b. Document outlining the benefit coverage provided by the commercial carrier with the service listed as an excluded benefit
 - c. Letter from the commercial carrier on their letterhead stating codes are excluded under the member's health insurance plan

Note:

Claims previously denied for TPL for service codes on the attached bypass list will reprocess for payment.

Our claim's system will accept claims starting June 14 to bypass TPL edits on these specific codes.

Please submit documentation to Empower through the provider portal or via standard mail. If by standard mail, please mail to Empower at:

Empower Healthcare Solutions
PO BOX 211446
Eagan, MN 55121.

Thank you.

If you have any questions, please contact Empower Provider Relations at EmpowerHealthcareSolutionsPR@empowerhcs.com.



I. Attachment – Codes to bypass TPL requirements

Description	CPT/REV
Intermediate Care Facilities	
LOA Hospital less than 85% occupancy – Traditional Style Bed or ICF/IID	0180
LOA – Home – Traditional Style Bed or ICF/IID	0183
LOA Hospital 85% or greater occupancy – Traditional Style Bed or ICF/IID	0185
LOA No Pay – Traditional Style Bed or ICF/IID	0189
ICF/IID	0194
Hospice Room and Board – Traditional Style Bed or ICF/IID	0658
Personal Care	
Personal Care	T1019 w/modifiers none,U3, U4, U5
Personal Care	T1020 w/modifiers none, U1, U2, U3, U4, U5, U6, U7, U8, U0 and UA
Adult and Early Intervention Day Treatment	
Adult Habilitative Services	T1015 U6, UA
Treatment Plan Development	99367 U6, UC or UA
Habilitative Services Aged 0-6	T1015 U6, UB
Habilitative Services in the Summer Aged 6-21	T1015 U6, UC
Waiver	
Supportive Living	H2016 No Mod or TF
Supported Employment	H2023
Respite Services	S5151 No Mod or TF
Supplemental Support Svcs	T2020 UA
Consultation Services	T2025

Crisis Intervention Services	T2034 U1, UA
Behavioral Health	
Psychoeducation	H2027 U4 or U7
Treatment Plan	S0220 U4
Crisis Stabilization Intervention - QBHP	H2011 U4 U5 Z2
Behavioral Assistance - QBHP	H2019 U4 or U4 UC
Adult Rehabilitative Day Service - QBHP	H2017 UB U4 or UA U4
Peer Support	H0038 UC U4 or U4
Supportive Employment	H2023 U4
Supportive Housing	H0043 U4
Adult Life Skills Development - QBHP	H2017 U3 U4 or U4 U5
Therapeutic Communities - Level 1 and 2	H0019 HQ UCU4 and HQ U4
Family Support Partners	H2014 UC U4 or U4
Individual Life Skills Development - QBHP (age 16-20 ONLY)	H2017 UC U4 Z4 or U4 U6 Z4
Group Life Skills Development - QBHP (age 16-20 ONLY)	H2017 HQ U4 U6 Z5 or HQ UC U4 Z5
Child and Youth Support Services - QBHP	H2015 UC U4 or U1 U4