



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**MEMORANDUM**

**DATE:** November 13, 2014  
**TO:** Louisiana Medicaid Providers  
**FROM:**   
J. Ruth Kennedy, Medicaid Director  
**SUBJECT:** Negative Third Party Liability (TPL) Amounts

The purpose of this memo is to advise you that effective December 9, 2014, the processing of Third Party Liability (TPL) claims that are submitted with a negative TPL dollar amount will be revised.

Pharmacy claims with a negative TPL amount will deny at Point of Sale (POS) with:

**NCPDP reject code DV (Missing/Invalid Other Payer Amount Paid) mapped to  
EOB code 315 (Negative TPL amount not allowed)**

There are no overrides available for this reject code.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at (800) 437-9101, send a fax to (225) 342-1980 or refer to [www.lamedicaid.com](http://www.lamedicaid.com).

MCJ/MBW/PSK

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