

IHCP Provider Manuals/Provider Reference Modules Crosswalk

Information from the *IHCP Provider Manual* and supplemental provider manuals has been updated and reorganized into provider reference modules, available on the [Provider Reference Materials](#) page at indianamedicaid.com. The following table provides a crosswalk from the manual where information previously resided to the module in which the information is now found.

Note that most provider code tables that previously appeared within the provider manuals have been moved to stand-alone code table documents on the [Code Sets](#) page at indianamedicaid.com, rather than remaining within the modules. Modules contain references to the appropriate code table documents for relevant tables.

<i>IHCP Provider Manual</i>	<i>IHCP Provider Reference Module</i>
Chapter 1 – General Information	<ul style="list-style-type: none"> • Introduction to the IHCP
Chapter 2 – Member Eligibility and Benefit Coverage	<ul style="list-style-type: none"> • Member Eligibility and Benefit Coverage
Chapter 3 – Electronic Solutions	<ul style="list-style-type: none"> • HIPAA Standards for Electronic Transmissions and Code Sets • Automated Voice Response System • Electronic Data Interchange • Web interChange
Chapter 4 – Provider Enrollment	<ul style="list-style-type: none"> • Provider Enrollment • Out-of-State Providers • HIPAA Standards for Electronic Transmissions and Code Sets • Claim Submission and Processing – OPR requirements
Chapter 5 – Third Party Liability	<ul style="list-style-type: none"> • Third-Party Liability
Chapter 6 – Prior Authorization	<ul style="list-style-type: none"> • Prior Authorization <i>Note: This module contains only general information about obtaining prior authorization (PA). PA requirements for specific services and providers are now in the appropriate service- and provider-specific module – see following list.</i> <p>Service- and provider-specific modules:</p> <ul style="list-style-type: none"> • Chiropractic Services • Dental Services • Durable and Home Medical Equipment and Supplies • Emergency Services • Evaluation and Management Services • Genetic Testing • Home Health Services • Inpatient Hospital Services • Mental Health and Addiction Services • Out-of-State Providers • Podiatry Services • Surgical Services • Therapy Services • Transportation Services

IHCP Provider Manual	IHCP Provider Reference Module
Chapter 7 – Reimbursement Methodologies	<ul style="list-style-type: none"> • Introduction to the IHCP Note: This module contains only general information about pricing methodologies. Methodologies for specific services and providers are now in the appropriate service- and provider-specific module – see following list. • Claim Submission and Processing <ul style="list-style-type: none"> – National Provider Identifier (NPI) – Crossover claims – OPR requirements • National Correct Coding Initiative <p>Service- and provider-specific modules:</p> <ul style="list-style-type: none"> • Anesthesia Services • Dental Services • Durable and Home Medical Equipment and Supplies • Home Health Services • Hospice Services • Hospital Assessment Fee • Inpatient Hospital Services • Laboratory Services • Long-Term Care • Medical Practitioner Reimbursement • Obstetrical and Gynecological Services <ul style="list-style-type: none"> – Birthing centers • Outpatient Hospital and Ambulatory Surgical Center Services
Chapter 8 – Billing Instructions	<ul style="list-style-type: none"> • Claim Submission and Processing <ul style="list-style-type: none"> – OPR requirements – Claim instructions for claim forms: <ul style="list-style-type: none"> ○ UB-04 (institutional) ○ CMS-1500 (professional) ○ ADA 2006 (dental) – Medical Review Team (MRT) billing • National Correct Coding Initiative • Third-Party Liability • Provider Enrollment <ul style="list-style-type: none"> – Substitute physicians and locum tenens • Member Eligibility and Benefit Coverage <ul style="list-style-type: none"> – Package P • Presumptive Eligibility for Pregnant Women • Family Planning Eligibility Program <p>Service- and provider-specific modules:</p> <ul style="list-style-type: none"> • Anesthesia Services • Audiology Services • Chiropractic Services • Dental Services • Diabetes Self-Management Training Services • Durable and Home Medical Equipment and Supplies • Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/HealthWatch • Emergency Services

<i>IHCP Provider Manual</i>	<i>IHCP Provider Reference Module</i>
	<ul style="list-style-type: none"> • Evaluation and Management Services • Family Planning Services • Federally Qualified Health Centers and Rural Health Clinics • Home and Community-Based Services Billing Guidelines • Home Health Services • Hospice Services • Inpatient Hospital Services • Laboratory Services • Long-Term Care • Medicaid Rehabilitation Option (MRO) Services • Mental Health and Addiction Services • Obstetrical and Gynecological Services <ul style="list-style-type: none"> – Birthing center billing • Outpatient Hospital and Ambulatory Surgical Center Services • Podiatry Services • Radiology Services • Renal Dialysis Services • School Corporation Services • Surgical Services • Telemedicine and Telehealth Services • Therapy Services • Transportation Services • Vision Services
Chapter 9 – Pharmacy Services	<ul style="list-style-type: none"> • Pharmacy Services • Injections, Vaccines, and Other Physician-Administered Drugs
Chapter 10 – Claims Processing Procedures	<ul style="list-style-type: none"> • Claim Submission and Processing • Claim Administrative Review and Appeals
Chapter 11 – Paid Claim Adjustment Procedures	<ul style="list-style-type: none"> • Claim Adjustments
Chapter 12 – Financial Services	<ul style="list-style-type: none"> • Financial Transactions and Remittance Advice
Chapter 13 – Utilization Review	<ul style="list-style-type: none"> • Provider and Member Utilization Review
Chapter 14 – Long-Term Care	<ul style="list-style-type: none"> • Long-Term Care

Supplemental Provider Manual	Provider Reference Module
590 Program Provider Manual	<ul style="list-style-type: none"> • 590 Program
Division of Aging Home and Community-Based Services Waiver Provider Manual	<ul style="list-style-type: none"> • Division of Aging Home and Community-Based Services Waivers
Division of Disability and Rehabilitative Services Home and Community-Based Services Waiver Provider Manual	<ul style="list-style-type: none"> • Division of Disability and Rehabilitative Services Home and Community-Based Services Waivers
Division of Mental Health and Addiction 1915(i) Child Mental Health Wraparound Services Program Provider Manual	<ul style="list-style-type: none"> • Division of Mental Health and Addiction Child Mental Health Wraparound Services

Supplemental Provider Manual	Provider Reference Module
Division of Mental Health and Addiction Adult Mental Health Habilitation Program Provider Manual	<ul style="list-style-type: none"> • Division of Mental Health and Addiction Adult Mental Health Habilitation Services
Division of Mental Health and Addiction Behavioral and Primary Healthcare Coordination Program Provider Manual	<ul style="list-style-type: none"> • Division of Mental Health and Addiction Behavioral and Primary Healthcare Coordination Services
Division of Mental Health and Addiction Psychiatric Residential Treatment Facility Transition Waiver Provider Manual	<ul style="list-style-type: none"> • Division of Mental Health and Addiction Psychiatric Residential Treatment Facility Transition Waiver
HealthWatch/Early and Periodic Screening, Diagnosis, and Treatment Provider Manual	<ul style="list-style-type: none"> • Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/HealthWatch • Injections, Vaccines, and Other Physician-Administered Drugs <ul style="list-style-type: none"> – Vaccines for Children program information
HIP Reimbursement Manual	<ul style="list-style-type: none"> • Healthy Indiana Plan 2.0
Hospice Provider Manual	<ul style="list-style-type: none"> • Hospice Services
Hospital Presumptive Eligibility Qualified Provider Manual	<ul style="list-style-type: none"> • Hospital Presumptive Eligibility
Medicaid Rehabilitation Option (MRO) Provider Manual	<ul style="list-style-type: none"> • Medicaid Rehabilitation Option (MRO) Services
Presumptive Eligibility for Pregnant Women Qualified Provider Manual	<ul style="list-style-type: none"> • Presumptive Eligibility for Pregnant Women
Presumptive Eligibility Qualified Provider Manual	<ul style="list-style-type: none"> • Presumptive Eligibility
Right Choices Program Provider Manual	<ul style="list-style-type: none"> • Right Choices Program