



INDIANA HEALTH COVERAGE  
PROGRAMS FORMS REQUEST

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Name \_\_\_\_\_ Provider number \_\_\_\_\_

Street address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Attention \_\_\_\_\_

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Please indicate the quantity requested in the blank next to the form name.

**590 Program**

- 590 Program Enrollment/Discharge/Transfer (EDT)
- Provider Authorization (590 Program Membership Information for Outside the 590 Program Facility)
- FSSA OMPP 590 Program Facilities Agreement

**Care Select**

- Care Select Provider Referral Form
- State Psychiatric Hospital Care Select Disenrollment/ Enrollment form

**Claims Forms (NonPharmacy)**

- Attachment Cover Sheet
- Claim Certification Statement for Signature on File
- HHS-687 (05/10) - Consent for Sterilization (English)
- HHS-687-1 (11/06) - Consent for Sterilization (Spanish)

**Claim Adjustment Forms (NonPharmacy)**

- CMS-1500, Dental, Crossover Part B Paid Claim Adjustment Request Form
- UB-04 and Inpatient/Outpatient Crossover Adjustment Request Form

**CPS Request for Settlement**

- CPS Request for Settlement Form

**EDI Outbound Transactions Request**

- EDI Outbound Transactions Request

**Financial Forms**

- Electronic Funds Transfer (EFT) Form within the Provider Update Form
- IRS W-9 Form

**Hospice Forms**

- Hospice Accounts Receivable Refund Adjustment
- Medicaid Hospice Plan of Care

- Change in Status of Medicaid Hospice Patient
- Hospice Provider Change Request Between Indiana Hospice Providers
- Medicaid Hospice Discharge
- Medicaid Hospice Revocation
- Medicaid Hospice Physician Certification
- Medicaid Hospice Election
- Hospice Authorization Notice for Dually-Eligible Medicare/Medicaid Nursing Facility Residents

**Long Term Care (LTC) Forms**

- Certification Statement by Medicaid-Enrolled Nursing Facilities
- Long Term Care (LTC) Nursing Home Administrators FAX Procedures to obtain PDP information for multiple residents
- Nursing Facility Level of Service State Authorization and Data Entry Form
- Physician Certification for Long-Term Care Services Form

**Medicaid Behavioral/Physical Health Coordination**

- Medicaid Behavioral/Physical Health Coordination Form

**Medical Clearance Forms and Certifications of Medical Necessity**

- Augmentative Communication System Selection Form
- Certification of Medical Necessity: Oxygen
- Certification of Medical Necessity: Parenteral and Enteral Nutrition
- Medicaid Second Opinion Form
- Medical Clearance Form for Hearing Aids
- Medical Clearance Form for Hospital Beds
- Medical Clearance Form for Motorized Wheelchair Purchase

- \_\_\_ Medical Clearance Form for Negative Pressure Wound Therapy
- \_\_\_ Medical Clearance Form for Non-Motorized Wheelchair Purchase
- \_\_\_ Medical Clearance Form for Standers
- \_\_\_ Medical Clearance Form for TENS Unit

**National Provider Identifier (NPI) Forms**

- \_\_\_ NPI Reporting Form

**Pharmacy Forms**

- \_\_\_ 17-P Prior Authorization Request Form
- \_\_\_ Anti-Ulcer Medications (Carafate and Cytotec) PA Form
- \_\_\_ Forteo Prior Authorization Request Form
- \_\_\_ FSSA: Manufacturer PDL Submission Application, Checklist, Notice of Intention, Manufacturer Responsibilities, and Timeline
- \_\_\_ Growth Hormone PA Form for Age Less Than 18 - Effective January 1, 2010
- \_\_\_ Growth Hormone PA Form for Age Greater Than or Equal to 18
- \_\_\_ Indiana Medicaid Compound Prescription Claim Form
- \_\_\_ Indiana Medicaid Pharmacy Claims Attachment Cover Sheet
- \_\_\_ Indiana Medicaid Drug Claim Form (NCPDP Pharmacy Paper Claim Form)
- \_\_\_ Mental Health Quality Advisory Committee (MHQAC) Medical Necessity Review/PA Form
- \_\_\_ Multiple Sclerosis Agents Prior Authorization Request Form
- \_\_\_ PBM Call Center LTC ProDUR and Home Health Prior Authorization Request Form
- \_\_\_ PBM Call Center Prior Authorization Request Form
- \_\_\_ Pharmacy Paid Claim Adjustment Request Form
- \_\_\_ Pharmacy Billing Instructions
- \_\_\_ POS Reversal Void Request Form
- \_\_\_ Suboxone/Subutex Initiation Prior Authorization Form
- \_\_\_ Suboxone Renewal Prior Authorization Form
- \_\_\_ Synagis Prior Authorization Form

**Prenatal Care Coordination Forms**

- \_\_\_ Prenatal Care Coordination Initial Assessment
- \_\_\_ Prenatal Care Coordination: Operational Guidelines for Initial Assessment
- \_\_\_ Prenatal Care Coordination Letter of Findings (Initial Assessment Results)
- \_\_\_ Prenatal Care Coordination Reassessment
- \_\_\_ Prenatal Care Coordination: Operational Guidelines for Reassessment
- \_\_\_ Prenatal Care Coordination Assessment Update Letter (Reassessment Results)
- \_\_\_ Prenatal Care Coordination Narrative Notes
- \_\_\_ Prenatal Care Coordination Outcome Report
- \_\_\_ Prenatal Care Coordination: Operational Guidelines for Outcome Report

**Prior Authorization**

- \_\_\_ Prior Authorization - System Update Request Form
- \_\_\_ Prior Review and Authorization Dental Request Form
- \_\_\_ Medicaid Appeal Request Form
- \_\_\_ Universal Prior Authorization Request Form
- \_\_\_ Universal Prior Authorization Request Form – Instructions

**Provider Correspondence Forms**

- \_\_\_ Indiana Health Coverage Programs Forms Request
- \_\_\_ Indiana Health Coverage Programs Inquiry – for submitting a written inquiry on nonpharmacy issues
- \_\_\_ Policy Consideration Form

**Provider Enrollment Forms**

To request Provider Enrollment forms, please call Provider Enrollment Customer Assistance at 1-877-707-5750.

**Third Party Liability (TPL) Forms**

- \_\_\_ Credit Balance Worksheet
- \_\_\_ Credit Balance Worksheet Instructions
- \_\_\_ Medicaid Third Party Accident/Injury Questionnaire
- \_\_\_ Medicaid Third Party Liability Questionnaire
- \_\_\_ Provider TPL Referral Form
- \_\_\_ Request for Medicaid Pregnancy and Birth Expenditures

**Send requests to the following address:**

HP Forms Request  
P. O. Box 7263  
Indianapolis, IN 46207-7263