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All Providers

National Provider Identifier Web Page

The Indiana Health Coverage Programs (IHCP) Web site features a National Provider Identifier (NPI) Web page at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, a link to the NPI Reporting Tool, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*.

Managed Care Web Pages Updated

The managed care pages of the IHCP Web site (<http://www.indianamedicaid.com>) are updated to include Anthem contact information. The managed care pages can be accessed by clicking on **Managed Care** in the menu bar and selecting a topic.

To All Dental Providers

This article updates a banner page article published in IHCP banner page [BR200527](#), July 5, 2005. Due to the updated billing guidelines for dental billing and rendering providers, EDS implemented a requirement to deny claims that were not billed with the rendering provider's information.

The billing guidelines are required for HIPAA compliance and will be implemented again beginning on January 1, 2007. The billing guidelines are as follows:

Per IHCP provider bulletin [BT200511](#), published June 1, 2005, all dental group providers must use their rendering provider numbers. To expedite claims, providers should follow these guidelines when submitting claims:

- *Group provider using a paper claim* – Enter the group number and location code(s) in Field 44A on the American Dental Association (ADA) Dental claim form. Enter the individual rendering number(s) in the *Administrative* column adjacent to each detail.
- *Group provider using Web interChange* – Enter the group number and location code in the provider numbers field. Enter the individual rendering number in the rendering provider field.
- *Individual billing provider using a paper claim* – Enter the individual billing number and location code in Field 44A on the ADA Dental claim form. Enter the individual billing number in the *Administrative* column adjacent to each detail.
- *Individual billing provider using Web interChange* – Enter the individual billing number and location code in the provider number field. Enter their individual billing number in the rendering provider field.

Dental providers will receive denials for the following situations:

- *231 – Rendering provider number is missing* – *The entire nine digit number must be used and must be in Field 24K. Please provide and resubmit.*
- *232 – Rendering provider number is invalid* – *The entire nine digit number must be used and must be in Field 24K. Please verify and resubmit.*

Note: For edits 231 and 232, Field 24K refers to CMS-1500 claim forms. For dental claims, the rendering must be in the Adm Field.

- *1004 – Rendering provider not enrolled in the program billed for the dates of service. Please verify provider number and resubmit.*
- *1008 – The rendering provider must be an individual provider. Please verify provider number and resubmit.*

- 1010 – Rendering provider is not an eligible member of billing group or the billing provider is equal to the rendering provider. Please verify provider number and resubmit.
- 7509 – Rendering provider on prepayment review.

Providers who have Administrator access in Web interChange can view their provider profiles to access a list of the rendering providers linked to the group. Providers can contact the Provider Enrollment Helpline at 1-877-707-5750 to discuss any updates that need to be made to the provider group information.

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