

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201820

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IHCP reminds providers of service location address requirements for professional and institutional claims

The Indiana Health Coverage Programs (IHCP) reminds providers that the actual physical service location address for the group or billing provider must be entered in the correct field on a claim for the claim to adjudicate correctly. **This address must match the service location address currently on file with the IHCP for the group or billing provider where the service was rendered.** Failure to enter the required information in the correct field will result in a claim denial. This requirement applies to fee-for-service (FFS) as well as managed care claims. Managed care entities (MCEs) use IHCP provider enrollment data files when validating provider information on a claim.

- Institutional claims – The actual physical service location address must be entered in Field 1 of the UB-04 claim form or the equivalent field of an electronic transaction.

¹. *Required - enter billing provider's address/service location where the patient was seen.*

- Professional claims – The actual physical service location address must be entered in Field 33 of the CMS-1500 claim form or the equivalent field of an electronic transaction. Note: For IHCP claims, Field 32 of the CMS-1500 form, or its electronic equivalent, is optional. It is not used for claim processing.

In most instances, the service location address is the actual physical location where a service was rendered. However, for professional claims, if the member is seen at a hospital, nursing facility, the member's home, or other non-office-based location, the specific service location address to which the rendering provider is linked should be used.

32. SERVICE FACILITY LOCATION INFORMATION

Optional - not used by the IHCP for claims processing.

33. BILLING PROVIDER INFO & PH # ()

Required - enter the group/billing provider's address/service location on file with the IHCP.

Only the service location address should be entered in the fields identified above. This address may be different from the provider's mail-to, pay-to, or legal addresses also on file with the IHCP. Because the service location is an actual physical location, the address in the identified fields will never be a post office (P.O.) box.

Claim-processing systems compare data from the claim fields to the billing provider's IHCP Provider Profile to make a one-to-one match for reimbursement purposes. If the data elements are not in the correct field or do not match the provider's enrollment profile, the claim will deny.

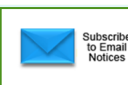
IHCP claim requirements may differ from those of non-IHCP payers, such as commercial insurance carriers and Medicare. Review claims carefully to ensure that they meet IHCP guidelines.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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