



I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 0 0 9

F E B R U A R Y 2 9 , 2 0 0 0

To All Indiana Health Coverage Programs Providers:

- HCFA-1500 claim forms submitted to the Indiana Health Coverage Programs (IHCP) for payment must have only the billing provider's name, address, and nine-digit IHCP provider number with the service location alpha suffix in *Field 33*. The billing provider number indicates the provider that will receive payment for the services. **Do not** indicate the rendering provider number in *Field 33*. Claims submitted with multiple provider numbers in *Field 33* are subject to claim denial or misdirection of payments. *Chapter 8: Billing Instructions* of the *IHCP Provider Manual* has detailed instructions for completing the HCFA-1500 claim form.
- Crossover A and C claims submitted to and processed by AdminaStar between January 1, 2000, and February 14, 2000, were not accepted into the IndianaAIM System. The Medicare Part A and C tapes for these dates have been systematically reprocessed. Claims submitted to Medicare in 1999 that processed in the year 2000 were processed correctly by the IndianaAIM System, however providers may see a duplicate posting this week. The duplicate posting is for informational purposes only and does not impact the original adjudication. Providers do not need to submit paper Part A and C claims for the above time period.