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To All Indiana Health Coverage Program Providers:

- For assistance resolving enrollment issues, providers can contact EDS Client Services at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278, and select option 3 from the voice menu. A client services analyst specializing in provider enrollment issues is available to answer questions. Providers should contact EDS immediately, when there is a: change of address or phone number, practitioner joining or leaving the group, tax ID update, change of ownership, or any other provider file update.
- There are two ways to participate in the Indiana Health Coverage Programs (IHCP) as an enrolled provider:
 1. Rendering – A physician or other individual practitioner who is eligible for enrollment in the IHCP, and participates as a member of a group practice. All services performed by a rendering provider are billed by and reimbursed through the group practice. For example, a salaried or fee for service employee of a clinic or group is a rendering provider. Rendering providers do not receive direct reimbursement from the IHCP and should not receive a 1099 from the IHCP.
 2. Billing – A group, sole proprietor or facility that is paid by the IHCP for services performed. Billing providers should receive a 1099 from the IHCP for services billed.
- Prevnar, pneumococcal conjugate vaccine, polyvalent, is now available through the Vaccines for Children (VFC) program. VFC-participating providers may obtain a supply of this vaccine free of charge from the Indiana State Department of Health. Please note that the Indiana Health Coverage Programs' (IHCP) reimbursement for this vaccine will be limited to the \$8 VFC vaccine administration effective January 1, 2001. For service dates prior to January 1, 2001, providers may bill the IHCP for **either** the \$8 VFC vaccine administration fee, if administering VFC vaccine, **or** the provider's customary charge for Prevnar, if administering a privately purchased vaccine. Payment for a privately purchased vaccine will be the lesser of the provider's charge or the IHCP fee schedule amount of \$75.40 through the end of December 2000. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Program Dental Providers:

- The Indiana Health Coverage Program accepts all versions of American Dental Association (ADA) claim forms. However, when claims are submitted using the 2000 ADA claim form, only one procedure code is allowed per line. Six is the maximum number of detail lines or procedures allowed on the 2000 ADA claim form. If more than six detail lines are included on one form, it must be returned for *exceeding the allowed number of procedure codes per detail line*. Each claim form must also have a total dollar amount calculated.

The standard 1994 ADA claim form allows fifteen detail lines. Only one procedure code is allowed per detail line. If more than fifteen detail lines are billed, an additional form must be used. Each claim form must also have a total dollar amount calculated.

The 1994 ADA claim form, which contains fifteen detail lines is located on the Web site at www.indianamedicaid.com. Providers can download and print this form, free of charge, for filing claims. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.