



INDIANA MEDICAID UPDATE

December 23, 1998

TO: All Indiana Medicaid Providers

SUBJECT: Updated Claim Submission P.O. Boxes

In an effort to expedite processing turnaround time for paper claims, the EDS Claims Department has revised the claim submission P.O. Boxes. **Effective February 15, 1999, the following P.O. Boxes should be used when submitting Medicaid claims to EDS for processing.**

Claims sent to the incorrect P.O. Box may delay the processing of your claims. Your claim will be returned for the following reasons:

- Incomplete provider number— provider number should have 9 digits
- Incorrect claim form for type of service
- Invalid mailing address for the provider
- Non-submission of explanation of Medicare Benefits for claims filed
- Exceeding the number of detail lines
- Invalid recipient information— the recipient number should have 12 digits.

Claims which have no address and no provider number cannot be processed nor can they be returned to the provider.

EDS	EDS	EDS
Outpatient Claims	Pharmacy Claims	590 Claims
P.O. Box 68760	P.O. Box 68768	P.O. Box 68770
Indianapolis, IN 46268-0760	Indianapolis, IN 46268-0768	Indianapolis, IN 46268-0770
EDS	EDS	EDS
Inpatient Claims	Compound Prescription Claims	Waiver Claims
P.O. Box 68760	P.O. Box 68768	P.O. Box 68923
Indianapolis, IN 46268-0760	Indianapolis, IN 46268-0768	Indianapolis, IN 46268-0923
EDS	EDS	EDS
Home Health Claims	Dental Claims	Adjustments
P.O. Box 68760	P.O. Box 68768	P.O. Box 68765
Indianapolis, 46268-0760	Indianapolis, 46268-0768	Indianapolis, 46268-0765
EDS	EDS	EDS
Nursing Home Claims	HCFA 1500 Crossover Claims	Claim Correction Forms (CCF)
P.O. Box 68760	P.O. Box 68767	P.O. Box 68927
Indianapolis, IN 46268-0760	Indianapolis, IN 46268-0767	Indianapolis, IN 46268-0927
EDS	EDS	EDS
UB-92 Crossover Claims	HCFA 1500 Claims	Electronic Claims Attachments
P.O. Box 68760	P.O. Box 68769	P.O. Box 68766
Indianapolis IN 46268-0760	Indianapolis IN 46268-0769	Indianapolis IN 46268-0766

EDS did not delete any P.O. Boxes. Changes were made to claim assignment only.

It is very important to include the provider's name, Medicaid provider number and complete mailing address on all claim submissions. If this information is not included, it could result in delayed processing time, denial of claim, the generation of a claim correction form (CCF), or the return of the claim to the provider's office. Please refer to the Indiana Medicaid Assistance Programs Provider Manual for further assistance with claim submission.

If you have any questions regarding the content of this bulletin, please contact Provider Assistance at 1-800-577-1278 or (317) 655-3240 locally.