

IHCP Provider Monthly News

November 2009

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Mail Claims to Appropriate Address
- Mass Adjustment and Reprocessing for Edits 4013 and 4019

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Common Abbreviations

ACN	Attachment Control Number	MAC	Maximum Allowable Cost
ADA	American Dental Association	MAR	Management and Administrative Reporting
ASC	Ambulatory Surgical Centers	MCO	Managed Care Organization
AVR	Automated Voice Response	MHS	Managed Health Services
CMS	Centers for Medicare & Medicaid Services	MRO	Medicaid Rehabilitation Option
COB	Coordination of Benefits	NDC	National Drug Code
CPS	Child Protective Services	NOA	Notice of Action
CPT	Current Procedural Terminology	NPI	National Provider Identifier
DCS	Department of Child Services	NPPES	National Plan and Provider Enumeration System
DFR	Division of Family Resources	NTIOL	New Technology Intraocular Lenses
DME	Durable Medical Equipment	NUBC	National Uniform Billing Committee
EDI	Electronic Data Interchange	NUCC	National Uniform Claim Committee
EOB	Explanation of Benefits	OMPP	Office of Medicaid Policy and Planning
EOMB	Explanation of Medicare Benefits	PA	Prior Authorization
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment	PMP	Primary Medical Provider
EVS	Eligibility Verification Systems	PRTF	Psychiatric Residential Treatment Facility
HCPSC	Healthcare Common Procedure Coding System	RA	Remittance Advice
HIPAA	Health Insurance Portability & Accountability Act	RBMC	Risk-Based Managed Care
HP	Hewlett Packard	SSN	Social Security Number
ICN	Internal Control Number	SUR	Surveillance and Utilization Review
IHCP	Indiana Health Coverage Programs	TIN	Tax Identification Number
LPI	Legacy Provider Identifier	TPL	Third-Party Liability
		VAN	Value-Added Network

All Providers

New Bulletin on the IHCP Web Site

The following bulletin was recently posted to the Indiana Health Coverage Programs (IHCP) Web site:

- [BT200934](#) – Requirement to Screen for Excluded Individuals and Entities

A complete list of bulletins is available on the IHCP Web site at [Publications/bulletin_results.asp](#). E-mail notifications are sent to subscribers as new bulletins are posted. To subscribe, visit the IHCP Web site at

http://www.indianamedicaid.com/ihcp/mailling_list/default.asp and click **Open New Account**.

To access the [Explanation of Benefits \(EOB\)](#) codes from the IHCP Web site, click **Provider Services** and then click **EOB Descriptions**. Follow the directions at the top of the EOB Web page to print or download the EOB list.

Please Mail Claims to the Appropriate Address

The IHCP reminds providers of the importance of mailing paper claims to the appropriate address. Claims mailed to the incorrect post office box cause

an unnecessary delay in claims processing. Mail paper claims to the address as indicated in Table 1.

Table 1 – Correct Post Office Boxes for Claims

Type of Claim	Correct Post Office Box
CMS-1500	P.O. Box 7269 Indianapolis, IN 46207-7269
CMS-1500 Crossovers	P.O. Box 7267 Indianapolis, IN 46207-7267
UB-04, including Crossovers	P.O. Box 7271 Indianapolis, IN 46207-7271
Dental Claims	P.O. Box 7268 Indianapolis, IN 46207-7268

For your convenience, the addresses for paper claims can be found on the Quick Reference Guide included in each edition of the IHCP Monthly Newsletter (see

page 10 of this issue). Paper claims should not be mailed to the post office box for Written Correspondence inquiries (P.O. Box 7263).

Updated Pricing for Procedure Codes Previously Manually Priced

The IHCP has established rates for the Healthcare Common Procedure Coding System (HCPCS) codes in Table 2. These codes, which are currently manually priced, did not have pricing available from the Centers for Medicare & Medicaid Services

(CMS) at the time the procedure codes were created, but rates have now been established. The new rates are effective for dates of service on or after December 1, 2009.

Table 2 – HCPCS Codes Effective December 1, 2009

Procedure Code	Code Description	Rates Effective for Dates of Service on or after December 1, 2009
82045	Albumin; Ischemia modified	Lab Fee rate of \$40.56

Procedure Code	Code Description	Rates Effective for Dates of Service on or after December 1, 2009
82656	Elastase, Pancreatic (EL-1), fecal, qualitative or semi-quantitative	Lab Fee rate of \$15.95
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope	Lab Fee rate of \$93.09
83037	Hemoglobin, glycosylated (A1C) by device cleared by FDA for home use	Lab Fee rate of \$13.42
87338	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool	Lab Fee rate of \$19.88
91132 with modifier 26	Electrogastrography	Resource-based relative value scale (RBRVS) rate of \$20.46 for Professional Component
91133 with modifier 26	Electrogastrography w/test	RBRVS rate of \$25.68 for Professional Component
99091	Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional	RBRVS rate of \$37.91
99174	Ocular photoscreening	RBRVS rate of \$18.01
E0672	Segmental gradient pressure pneumatic appliance, full arm	Max Fee rates of \$307.83 NU and \$30.79 RR
E1030	Wheelchair accessory, ventilator tray, gimbaled	Max Fee rates of \$1054.57 NU and \$105.46 RR
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver	Max Fee rate of \$613.20 for RR
E1355	Stand/rack	Max Fee rate of \$22.40
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Max Fee rate of \$175.79 for RR
E2397	Power wheelchair accessory, lithium-based battery, each	Max Fee rates of \$414.13 NU and \$41.41 RR
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals	RBRVS rate of \$7.80
G0306	Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	Lab Fee rate of \$10.86
G0307	Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count)	Lab Fee rate of \$9.04
K0730	Controlled dose inhalation drug delivery system	Max Fee rates of \$1724.02 NU and \$172.40 RR
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Max Fee rates of \$1886.22 NU and \$188.60 RR
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Max Fee rates of \$2134.59 NU and \$213.45 RR
L2232	Addition to lower extremity orthosis, rocker	Max Fee rate of \$78.20

Procedure Code	Code Description	Rates Effective for Dates of Service on or after December 1, 2009
	bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	
L3001	Foot insert, removable, molded to patient model, Spenco, each	Max Fee rate of \$106.49
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Max Fee rate of \$140.27
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment	Max Fee rate of \$18.15
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Max Fee rate of \$3402.47
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Max Fee rate of \$633.97
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Max Fee rate of \$528.30
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only	Max Fee rate of \$1061.04
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only	Max Fee rate of \$1061.04
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	Max Fee rate of \$398.91
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material	Max Fee rate of \$247.22
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	Max Fee rate of \$58.66
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	Max Fee rate of \$1.76
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	Max Fee rate of \$4.19
L8514	Tracheoesophageal puncture dilator, replacement only, each	Max Fee rate of \$76.08

Procedure Code	Code Description	Rates Effective for Dates of Service on or after December 1, 2009
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	Max Fee rate of \$325.11

Centers for Medicare & Medicaid Services Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the October quarterly updates with new and revised codes. Table 3 outlines the

program coverage and shows the new HCPCS coverage, effective October 1, 2009.

Table 3 – Quarterly CMS Updates Effective October 1, 2009

HCPCS Code	Description	Program Coverage
Q2024	<i>Bevacizumab Injection, 0.25 mg</i>	Covered – All Programs
S3713	<i>Kras Mutation Analysis Testing</i>	Non-Covered, coverage to be determined
S0162	<i>Injection, Efalizumab, 125 mg</i>	Discontinued, effective October 1, 2009

Claims with Edit 4013 Mass Adjusted and Reprocessed

Claims with dates of service between July 1, 2009, through September 30, 2009, billed with any of the HCPCS codes listed in Table 4 and denied with EOB 4013 – *This Procedure Code is not covered for this*

date of service were systematically mass adjusted and/or reprocessed. These adjustments appeared on the October 13, 2009, Remittance Advice statements.

Table 4 – Mass Adjusted and/or Reprocessed HCPCS Codes

HCPCS Code	Description	Program Coverage
J7611	<i>Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg</i>	Covered – All Programs
J7612	<i>Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg</i>	Covered – All Programs
J7613	<i>Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg</i>	Covered – All Programs
J7614	<i>Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg</i>	Covered – All Programs

Claims Denied with Edit 4019 Mass Reprocessed and Adjusted

The IHCP performed a systematic mass reprocess and adjustment on claims that denied between August 27, 2009, through September 30, 2009, with Explanation of Benefit Code (EOB) 4019 – *Attachment required for service rendered*. These

claims will have an internal control number (ICN) Region 11 that identifies them as paper claims with attachments. Affected claims were systematically mass reprocessed and adjusted and appeared on the October 13, 2009, Remittance Advice statements.

Physicians, Hospitals, Clinics, Mental Health, and Pharmacy Providers

Coverage for Influenza A (H1N1) Vaccine Administration

The IHCP covers Influenza A (H1N1) vaccine administration. Providers should use the following HCPCS code when billing for the administration:

G9141 – Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)

The administration of the Influenza A (H1N1) vaccine is reimbursed at the lower of the usual and customary charge or the IHCP established max fee rate, \$12.94. Because the Influenza A (H1N1) vaccine is provided at no cost to providers, the IHCP will not reimburse G9142 – *Influenza A (H1N1) vaccine, any route of administration*. Providers who bill G9142 will receive error code 4209 – *No Pricing Segment for procedure/modifier combination*.

Providers are reminded that if an evaluation and management (E/M) code is billed with the same date of service as an office-administered immunization, the vaccine administration should not be billed separately. Reimbursement for the vaccine administration is included in the E/M code allowed amount. This remains true for the administration of the Influenza A (H1N1) vaccine. Separate reimbursement is allowed when the administration of the vaccine is the only service provided and billed by the practitioner. In addition, if more than one immunization is provided on the same date of service, and no E/M code is billed, separate administration fees for each immunization may be separately billed.

Prescribing Providers and Pharmacy Providers

Active Pharmaceutical Ingredients (APIs)

The CMS, through the pharmacy technical advisory group, notified states that it will be removing additional nondrug products (Active Pharmaceutical Ingredients) used in compounded prescriptions from the CMS covered outpatient drug file. These nondrug products will remain reimbursable under Indiana Medicaid but will not require a drug rebate agreement for payment. Nondrug products that are considered APIs are covered by Indiana Medicaid, and as of July 1, 2009, do not require a drug rebate agreement in order to be reimbursed. An API that has recently been

questioned is 17 alpha-hydroxyprogesterone caproate. This product is reimbursable even when it is from a nonrebating manufacturer, and may be billed on either the National Council for Prescription Drug Programs (NCPDP) claim or CMS-1500/837P format. When billed using either format, the product is reimbursable only if included in a compound. The required National Drug Code (NDC) information must be provided when billed on the CMS-1500/837P format.

Reminder – National Drug Codes Required for Procedure Coded Drug Claims

The Federal Deficit Reduction Act of 2005 mandates that the IHCP require the submission of NDCs on claims submitted with certain procedure codes. This mandate affects all providers that submit electronic or paper claims for procedure coded drugs. NDCs will also be required on Medicare crossover claims for all applicable procedure codes because the State may pay up to the 20 percent Medicare B copayment for dually eligible individuals. Only the NDC that is specified on the label of the product that is administered to the member is to be billed to the program. It is not permissible to bill the program with

an NDC that was not on the label of the product that was administered to the member. For example, do not preprogram your billing system to automatically utilize a certain NDC for a procedure code when that NDC is not the one on the label of the product being administered to the member.

A listing of the above-referenced procedure codes can be found at www.indianamedicaid.com under the Provider Services drop-down menu, "Procedure Codes that require NDC."

Automation of Pharmacy Prior Authorization – Revised Implementation Date

IHCP bulletin [BT200927](#), dated August 24, 2009, notified providers of the implementation of an automated prior authorization system known as Smart PA™. The implementation date of October 1, 2009, has been revised to November 1, 2009, to allow for

additional testing. All other information in bulletin BT200927 remains unchanged. Please contact HP Customer Assistance at (317) 655-3240 or 1-800-577-1278 if you have any questions.

Contact Information

Table 5 – Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Bill Woodruff	(317) 488-5098	Marion – UB-04 Billing Providers and Dental Providers
	Mona Green	(317) 488-5309	Marion – CMS-1500 Billing Providers
6	Shantel Silnes	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Virginia Hudson	(317) 488-5148	Clay, Greene, Hendricks, Johnson, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tawanna Danzie	(317) 488-5197	Out-of-State
10	Relia Manns	(317) 488-5363	Presumptive Eligibility and Notice of Pregnancy for the entire State of Indiana

Table 6 – Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
Illinois	Danville	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
Kentucky	Louisville	Shantel Silnes	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Shantel Silnes	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana, should direct calls to (317) 488-5197.

Table 7 – For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154



Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
ADVANTAGE Health SolutionsSM Prior Authorization – FFS P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 Fax: 1-800-689-2759	Automated Voice Response (AVR) System (including eligibility verification) (317) 692-0819 or 1-800-738-6770	HP Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	HP Customer Assistance (317) 655-3240 or 1-800-577-1278 Opt 1 = Pharmacy
HP Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@hp.com	HP Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	HP Member Hotline (317) 713-9627 or 1-800-457-4584 Opt 1 = Member Services – English Opt 2 = Member Services – Spanish	HP Omni Help Desk (317) 488-5051 or 1-800-284-3548
HP TPL (317) 488-5046 or 1-800-457-4510 Fax: (317) 488-5217	HP Provider Enrollment and Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	HP Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	IHCP Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515
IHCP SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	Premium Collection Services Package C Payment Line 1-866-404-7113 Package C Payment Mailing Address Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	M.E.D. Works 1-866-273-5897 M.E.D. Works Payment Mailing Address P.O. Box 946 Indianapolis, IN 46206	
Pharmacy Services Contact Information			
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	HP Pharmacy Services Help Desk for POS Claims Processing (317) 655-3240 or 1-800-577-1278 INXIXPharmacy@hp.com	HP Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	HP Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265
Pharmacy Benefit Management Inquiries PDL@fssa.in.gov	Indiana Administrative Review/Pharmacy Claims HP Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	PA for Pro-DUR and Preferred Drug List – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to the IHCP for pharmacy claims, send check to: HP Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303
Enrollment Broker Helplines (MAXIMUS)	Hoosier Healthwise Managed Care Organizations (MCOs)		
Hoosier Healthwise http://www.healthcareforhoosiers.com 1-800-889-9949 Care Select http://www.indianacareselect.com 1-866-963-7383 HIP http://www.HIP.in.gov 1-877-438-4479	Anthem http://www.anthem.com Claims 1-888-232-9613 Member Services 1-866-408-6131 PA 1-866-408-7187 Fax: 1-866-406-2803 Provider Services 1-866-408-6132 Fax: 1-866-408-7087 Prospective Providers 1-800-618-3141 Fax: 1-866-408-7087 Transportation 1-800-508-7230 Pharmacy 1-866-629-1608 PA: 1-877-652-1223 PA Fax: 1-866-408-7103	MDwise http://www.mdwise.org Claims, Member Services, PA/Medical Management, Provider Services, and Pharmacy (317) 630-2831 or 1-800-356-1204	Managed Health Services (MHS) https://www.managedhealthservices.com Claims, Member Services, PA/Medical Management, Provider Services, and Nursewise 1-877-MHS-4U4U or 1-877-647-4848 Pharmacy – US Script (PBM) 1-800-460-8988 Pharmacy PA 1-866-399-0928 Fax: 1-866-399-0929



Indiana Health Coverage Programs Quick Reference

Care Select – Care Management Organizations (CMOs)		Healthy Indiana Plan (HIP) Organizations	HIP – Enhanced Services Plan (ESP) Organizations	
ADVANTAGE Health Solutions SM http://www.advantageplan.com/ Member Services 1-800-784-3981 Provider Services 1-866-504-6708 PA 1-800-784-3981 Fax: 1-800-689-2759 P.O. Box 80068 Indianapolis, IN 46280 Hospice Member Disenrollment Fax: (317) 810-4488	MDwise http://www.mdwise.org Member Services and Provider Services 1-866-440-2449 Member Services Fax 1-877-822-7188 PA 1-866-440-2449 Fax: 1-877-822-7186 P.O. Box 44214 Indianapolis, IN 46244-0214	MDwise Healthy Indiana Plan http://www.mdwise.org Member Services and Provider Services P.O. Box 44236 Indianapolis, IN 46244-0236 1-877-822-7196 or (317) 822-7196 Fax: 1-877-822-7192 or (317) 822-7192 Medical Claims P. O. Box 33049 Indianapolis, IN 46203 Payer ID: MDWIS Behavioral Health Claims/HIP 1-800-818-6872 P.O. Box 33049 Indianapolis, IN 46203 Payer ID MDWIS Customer Service/Provider Service 1-877-822-7196 or 317-822-7196	ACS – Non-Pharmacy P.O. Box 33077 Indianapolis, IN 46203-0077 1-866-674-1461 or (317) 614-2032 Pharmacy PA ACS 1-866-879-0106 Fax: 1-877-822-7186 HP Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268 1-800-577-1278 or (317) 655-3240 PA – Medical 1-877-217-7150	
Pharmacy See Pharmacy Services Contact Information above	HP Claims Providers (317) 655-3240 1-800-577-1278 Members (317) 713-9627 1-800-457-4584	Anthem Blue Cross and Blue Shield http://www.anthem.com Member Services 1-800-553-2019 Provider Inquiry 1-800-345-4344 P.O. Box 37010 Louisville, KY 40233-7180 PA 1-866-398-1922		
Paper Claim Filing				
HP 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270	HP Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	HP CCFs P.O. Box 7266 Indianapolis, IN 46207-7266	HP Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	HP CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269
HP Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259	HP Waiver Programs Claims P.O. Box 7269 Indianapolis, IN 46207-7269	HP Medical Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267	HP Institutional Crossover/UB-04 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission				
To make refunds to the IHCP HP Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	To make refunds for CA-PRTF HP/CA-PRTF Refunds P.O. Box 7247 Indianapolis, IN 46207	To make refunds for MFP HP/MFP Refunds P.O. Box 7194 Indianapolis, IN 46207	To Return Uncashed IHCP Checks HP Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288	Pharmacy See Pharmacy Services Contact Information above
Restricted Card Program				
ADVANTAGE Health Solutions – FFS Attn: Restricted Card Program P.O. Box 40789 Indianapolis, IN 46240 1-800-784-3981 Fax: 1-800-689-2759		ADVANTAGE Health Solutions – Care Select Attn: Restricted Card Program P.O. Box 40789 Indianapolis, IN 46240 1-800-784-3981 Fax: 1-800-689-2759		MDwise – Care Select Attn: Restricted Card Program 1099 N. Meridian St., Suite 320 P.O. Box 44214 Indianapolis, IN 46204 1-866-440-2449 Fax: 1-877-822-7188