IHCP *bulletin*

Providers are reminded when to bill using IHCP Provider ID or NPI

The Indiana Health Coverage Programs (IHCP) is addressing one of the top claim denials encountered by waiver (type 32) providers with a reminder of claim submission requirements for waiver providers as well as all other providers.

For waiver providers

Waiver providers are considered atypical providers and must bill using their IHCP-assigned Provider ID, even if the provider maintains a separate National Provider Identifier (NPI) for an additional enrollment type (such as a home health agency). The IHCP does not allow waiver (type 32) providers to add an NPI to their provider profile. As a result, billing with an NPI will result in claim denials for the IHCP-enrolled waiver provider.

This guidance applies to all programs, including the Indiana PathWays for Aging (PathWays) program.

Waiver providers will submit the following information on a *CMS-1500* claim form (or electronic equivalent for professional claim):

- Box 17a (ID number of referring provider, ordering provider or other source) – Providers must enter the G2 qualifier in the first box of field 17a, followed by the billing provider's IHCP Provider ID in the second box (shaded).

- Box 24j top half (rendering provider ID#) – Providers must enter the IHCP Provider ID for the provider that rendered the service.

- Box 24j bottom half – This field should be left blank; providers should *not* use an NPI.

- Box 33a (billing provider NPI) – This field should be left blank; providers should *not* use an NPI.

- Box 33b (billing provider qualifier and ID number) – Providers must enter the G2 qualifier and use the billing provider's IHCP Provider ID.

A complete list of the *CMS-1500* claim form fields for home- and community-based services (HCBS) waiver claims is available in the *HCBS Billing Guidelines* provider reference module at in.gov/medicaid/providers.

For nonwaiver providers

The IHCP continues to require all nonatypical providers to bill using an NPI. The following three data elements are used for the standard NPI crosswalk and may be required to make a one-to-one match to identify the proper service location associated with a claim:

- Billing NPI

- Billing taxonomy code (*required if there are multiple locations associated with the NPI*)

- Billing service location ZIP Code +4

If any of these three components are not registered appropriately with the IHCP, providers will encounter claim denials for both the fee-for-service (FFS) and managed care programs.

The crosswalk attempts to establish a one-to-one match using these data elements in the following sequence:

- NPI only

- NPI/taxonomy

- NPI/taxonomy/ZIP Code +4

- NPI/ZIP Code +4 (*if the taxonomy code is not present*)

- NPI default location (*only applicable to providers with a previously established default location with Gainwell Technologies*)

For more information about billing professional claims, see the *Claim Submission and Processing* provider reference module at in.gov/medicaid/providers.

For more information

Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant. Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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

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