



P R O V I D E R B U L L E T I N

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To: All Indiana Health Coverage Programs Providers

Subject: Claims Submission and New Post Office Boxes

Claim Submission

It is important to include the provider's name, the nine-character numeric and one-character alpha Indiana Health Coverage Programs provider number, and the complete mailing address on all claim submissions. If this information is not included, processing time could be delayed, the claim could be denied, or the claim could be returned to the provider's office.

Note: Claims with no address or provider number cannot be processed and they cannot be returned to the provider.

Claims will be returned for any of the following reasons:

- Provider number incomplete
- Claim form incomplete for type of service
- Explanation of Medicare Benefits for claims filed not submitted
- Number of detail lines exceeded
- Type of bill for UB-92 claim submissions missing or invalid

During the 1999 calendar year EDS returned 66,843 claims for the reasons listed in Table 1.1.


Table 1.1 – Claims Returned in 1999

Reason	Number
Invalid or missing provider number	41,941
Explanation of Medicare Benefits not attached	9,518
Invalid or missing type of bill	4,178
Inappropriate claim form	3,151

Also, it is important to verify member eligibility each time services are rendered. A member may lose eligibility or have a program change that impacts covered services.

For more information about claim submission, please refer to the *Indiana Health Coverage Programs Provider Manual* or visit the Indiana Medicaid Web site at www.indianamedicaid.com. Also, a *Quick Tips for Claim Forms* quick reference sheet has been included in Figure 1.1 and it provides general tips for submitting claims.

Indiana Health Coverage Programs



QUICK TIPS FOR CLAIM FORMS

1. A provider number must be nine characters numeric and one character alpha. For example, 999999999A.
2. A request for payment must be submitted on the appropriate HCFA-1500, UB-92, dental, or drug claim form.

Note: These claim forms are available from your local office supply company and are not available from EDS. However, drug and compound drug claim forms and some claim attachments must be obtained from EDS.

For more information write EDS Customer Assistance at 950 N. Meridian, Suite 1150, Indianapolis, IN 46204, call (317) 655-3240 in the Indianapolis local area or 1-800-577-1278, or visit www.indianamedicaid.com.

3. The number of detail lines provided per claim should not be exceeded. However, for UB-92 claims, a continuation claim is permitted. Providers should not exceed 44 detail lines and the 45th line is to be used for the total.
4. Multiple claims per envelope are allowed.
5. Attachments must match with the claims.
6. The Explanation of Medicare Benefits (EOMB) or attachment should be on 8 ½" x 11" paper.
7. The patient's name must match on the claim form and EOMB.
8. Patient information should be highlighted on the EOMB.
9. Paid and denied line items **cannot** be submitted on the same claim form.
10. Attachments must not be stapled, glued, or taped to claims.
11. Only one EOMB is allowed for each Medicare Crossover claim submitted.

Additional tips specific to the HCFA claim form:

1. HCFA-1500 claim form box 24k must indicate the rendering provider number only.
2. HCFA-1500 claim form box 33 must indicate the billing provider number and service location code only. Only one provider number is allowed.

EDS
P. O. Box 68420
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Figure 1.1 – Quick Tips for Claim Forms Quick Reference Sheet

New Post Office Boxes

To expedite processing turnaround time for documents, EDS has changed its post office (P.O.) boxes. Effective April 1, 2000, the following P.O. boxes should be used when submitting claims, provider enrollment forms, third party liability (TPL) information, written correspondence, and adjustments to EDS for processing.

Table 1.2 – EDS Addresses

EDS Outpatient Claims P.O. Box 7271 Indianapolis, IN 46207-7271	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS 590 Claims P.O. Box 7270 Indianapolis, IN 46207-7270
EDS Inpatient Claims P.O. Box 7271 Indianapolis, IN 46207-7271	EDS Compound Prescription Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265
EDS Home Health Claims P.O. Box 7271 Indianapolis, IN 46207-7271	EDS Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS Claims Correction Forms P.O. Box 7266 Indianapolis, IN 46207-7266
EDS Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	EDS HCFA 1500 Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267	EDS Waiver Programs P.O. Box 7269 Indianapolis, IN 46207-7269
EDS UB-92 Crossover Claims P.O. Box 7271 Indianapolis, IN 46207-7271	EDS HCFA 1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269	EDS Indiana DUR Board P.O. Box 7264 Indianapolis, IN 46207-7264
EDS Third Party Liability P.O. Box 7262 Indianapolis, IN 46207-7262	EDS Provider Enrollment P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263

Note: Documents sent to an incorrect P.O. box will delay processing.

Additional Information

If there are questions about this bulletin, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.