



IHCP NPI Default Agreement

www.indianamedicaid.com

Dear Provider:

Use this form to select **one** of your billing provider office locations to be the **default** location for all claims processing. A default location may be needed when an entity has multiple legacy provider identifiers (LPis), but only one National Provider Identifier (NPI).

Ideally, providers should format their claims so the ZIP Code+4 and taxonomy code of the billing provider office location appears in the appropriate area of the claim. When a formatting problem exists and cannot be remedied, the opportunity to select a default location is available.

Complete this form to select the NPI **default** location. Please note that all claims billed with your NPI will default to the **one** LPI alpha location you choose.

Group providers must ensure all of its rendering practitioners are associated with the **default** identified on this form.

If your rendering practitioner is not associated with the **default** location, please include the provider's NPI, Taxonomy Code, and Name on the form.

Impact of Choosing a NPI Default Location:

If you have a CLIA certification at any of your billing provider office locations, you must report only one CLIA number for your NPI default location. That CLIA number needs to be the highest level of certification you have been issued.

If your billing provider office location is included in the Restricted Card program, your default location must be added to the members' Restricted Card Lock-in table.

All claims submitted for payment with the NPI reported on this form will default to the one LPI billing provider office location identified on this form.

Instructions:

Do not use this form to register your NPI with the IHCP.

Be sure to choose one billing office location LPI along with the alpha location identifier.

Please complete all areas of the form and sign the agreement using an authorized signatory.

Restrictions:

The default is limited to claims transactions only, including National Council for Prescription Drug Programs (NCPDP).

First Steps providers may not request the default option due to First Step claims processing restrictions.

The default location will only be utilized if a one-to-one match cannot be obtained by the Standard and Progressive crosswalks.

Mailing Instructions:

Complete and sign *IHCP NPI Default Agreement*, and mail the agreement to the following address:

**EDS – Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263**

Application Processing:

If the submitted document is not required, it will be returned with an instructional letter stating the reason(s) the request was not completed. Please allow at least 10 business days for mailing and processing before checking the status of the submitted provider document.

Refer to the IHCP Web site at www.indianamedicaid.com for additional information or contact the Provider Enrollment Helpline at 1-877-707-5750 for assistance in completing your *IHCP NPI Default Form*.



Signature Authorization

The undersigned, being the provider or having the specific authority to bind the provider to the terms of the provider agreement, does hereby agree to abide by and comply with all the stipulations, conditions, and terms set forth herein. The undersigned acknowledges that the commission of any Medicaid or CHIP-related offense, as set out in 42 USC 1320a-7b may be punishable by a fine of up to \$25,000 or imprisonment of up to five years or both.

The owner or an authorized representative of the business entity directly, or ultimately responsible for operating the business enterprise must complete and sign this section.

By execution of this Agreement, the undersigned entity ("Provider") requests NPI default NPI location.

Group or Clinic's Business Name (please print):	Tax ID:
Authorized Official's Name (please print):	Title:
Authorized Official's Signature:	Date:

To the Signatory: Please complete the *IHCP Delegated Administrator Addendum* if you are not an authorized official with your group. Provider profile maintenance can be processed only if the appropriate signature is present.

This agreement must be completed, signed, and returned to EDS for processing.