

# Children's Special Health Care Services Integrated Operational Services Policy & Procedure Manual

Revised Claim Policy

Policy #D-5



Title: Director,  
Children's Special Health Care Services (CSHCS)

Title: Approved Claim Forms/Media

Revision Effective Date: January, 2011

Effective Date: January 1, 2005

Purpose: To specify the forms & versions thereof, which are approved for usage when requesting payment consideration by a Children's Special Health Care Services (CSHCS) Health Care Provider for health care services, after they have been provided to a participant in the CSHCS program, or for filing a claim for reimbursement for travel of a participant to a Health Care Provider.

Rule References: None

Policy: Claims for payment of Health Care Services, or for receiving reimbursement for a participant traveling to a Health Care Provider, must be submitted to the Indiana State Department of Health's (ISDH) CSHCS program on the appropriate approved paper claim form or using Electronic Data Interchange (EDI) transactions.

Claim Forms: CSHCS will only accept the

- CMS 1500 (Professional) form (latest version)
- UB-04 (Institutional) form (latest version)
- ADA (Dental) form 2006
- Medicaid pharmacy and compound claim forms (latest version)
- State Form 50254 Reimbursement for Travel form (latest version)

EDI: EDI transactions must comply with approved Health Insurance Portability and Accountability Act (HIPAA) formats and standards, as implemented by ISDH and published in CSHCS EDI companion guides and Provider Bulletins.