Dental Eligibility and Billing Secondary Claims on the Portal
Agenda

• Indiana Health Coverage Programs (IHCP) Website Overview
• Eligibility Tips
• Submitting Secondary Claims via the IHCP Portal
• Reminder
• Helpful Tools
• Questions
How to Find Information on the IHCP Website

- [https://www.in.gov/medicaid/providers](https://www.in.gov/medicaid/providers)
  - Dental Services
  - Enrollment
  - Claim Submission and Processing
  - Code Sets
    - Dental
  - Fee Schedules
    - Physician Fee Schedule
Find policy and other guidance in Indiana Health Coverage Programs (IHCP) provider news announcements, publications, and primary reference documents.

- News, Bulletins, and Banner Pages
  - Current IHCP News
  - Bulletins
  - Banner Pages
- IHCP Email Notifications
- Provider Reference Materials
  - IHCP Provider Reference Modules
The Indiana Health Coverage Programs (IHCP) Provider Reference Modules are the primary reference for billing and reimbursement guidance for providers conducting business with the IHCP. Modules include instructions for submitting IHCP claims and prior authorization (PA) requests, as well as other related topics.

Changes to policies and procedures that occur after the effective date noted for each module are announced in IHCP provider Banner Pages and Bulletins.

- Jump to Eligibility and Benefits Modules
- Jump to Claims and Billing Procedures Modules
- Jump to Service- and Provider-Specific Modules
- Jump to Program-Specific Modules
Where to Find Code Sets and Fee Schedules

IHCP Provider Healthcare Portal
- Eligibility Verification
- Qualified Provider Presumptive Eligibility (PE)
- Electronic Visit Verification
- Program Integrity
- Health Insurance Portability and Accountability Act (HIPAA)
- Indiana Medicaid Promoting Interoperability Program

Find information here about conducting business transactions with the Indiana Health Coverage Programs (IHCP), including member eligibility, billing, reimbursement, and recordkeeping.

- IHCP Provider Healthcare Portal
- Eligibility Verification
- Qualified Provider Presumptive Eligibility (PE)
  - Presumptive Eligibility for Inmates
  - Presumptive Eligibility Process FAQs
- Electronic Visit Verification
Where to Find Code Sets and Fee Schedules

- Trading Partner Registration Procedure
- Software Testing Procedures
- Common Compliance Errors Detected by the IHCP Translator
- FAQs - EDI
- Billing and Remittance
  - Code Sets
  - IHCP Fee Schedules
  - Long Term Care Per Diem Table
  - APR-DRG
  - Explanation of Benefits (EOB)
  - Best Practices for Nonpharmacy Claims
  - Claim Administrative Review and Appeal
- Program Integrity
  - Medicaid Recovery Audit Contractor (RAC) Overview
  - Protocol for Voluntary Self-Disclosure of Provider Overpayments
- Health Insurance Portability and Accountability Act (HIPAA)
Eligibility Coverage

Full array of benefits

QMB Also

Has a Mental Health Service Package

Eligible for waiver services

Benefit Details

Coverage

Full Medicaid

Medicaid Rehabilitation Option

Qualified Medicare Beneficiary

Family Supports HCBS Waiver
### Eligibility – Special Programs

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Description</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Medicaid</strong></td>
<td>Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)</td>
<td>07/16/2019</td>
<td>07/16/2019</td>
</tr>
<tr>
<td><strong>Medicaid Rehabilitation Option</strong></td>
<td>Medicaid Rehabilitation Option for Adults with Level of Need = 4, Service Package 4</td>
<td>07/16/2019</td>
<td>07/16/2019</td>
</tr>
<tr>
<td><strong>Qualified Medicare Beneficiary</strong></td>
<td>Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums</td>
<td>07/16/2019</td>
<td>07/16/2019</td>
</tr>
</tbody>
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- This member has Full Medicaid and QMB Also
  - Member pays Part B premiums and all IHCP covered services regardless if Medicare pays or not
- This member has dental benefits
### Eligibility – Special Programs

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- QMB is the ONLY coverage listed. QMB ONLY claims are paid **ONLY** if Medicare allows the charge.
- A prior notification that services are not covered is required to bill a member.
- This member does NOT have dental benefits.
Eligibility - Special Programs

- PASRR- Pre-Admission Screening for nursing homes are the only payable codes
- No other benefits when PASRR is the only coverage
- A waiver is not required to bill a patient that does not have Medicaid benefits
  - It is advisable to notify the patient that they do not have Medicaid
Fee-for-Service (FFS) benefit packages that do **not** cover dental services:

- Family Planning Eligibility Program
- Qualified Medicare Beneficiary (QMB) – Only
- Special Low Income Medicare Beneficiary (SLMB) – Only
- Qualified Individual (QI)
- Presumptive Eligibility for Pregnant Women
- Presumptive Eligibility Inpatient Services Only
- Qualified Working Disabled Individual (QWDI)

**Note:** Dental claims for members enrolled in a managed care entity (MCE) are the responsibility of the MCE with which the member is enrolled.

- Contact the appropriate entity for billing instructions and/or payer contractor.
Medicare Replacement Plans

- Please be advised some Medicare Replacement plans may cover some dental services
- IHCP is **ALWAYS** the payer of last resort
Member Eligibility – Dental Payers

• Traditional Medicaid – FFS members:
  – Claims are processed by DXC Technology

• MCE – Hoosier Care Connect, Hoosier Healthwise, and Healthy Indiana Plan (HIP) members:
  – Anthem: Claims are processed by DentaQuest
  – CareSource: Claims are processed by CareSource
  – Managed Health Services: Claims are processed by Envolve
  – MDwise: Claims are processed by DentaQuest
Submitting Secondary Claims
When is the Primary EOB Required for Other Insurance (TPL)?

• When the Third Party Liability (TPL) has **DENIED** the service as noncovered:
  – *Exception* – If the TPL primary explanation of benefits (EOB) contains an acceptable denial ARC code, the secondary windows can be completed with the ARC code, and no EOB is required

• When TPL has applied the amount to the copay, coinsurance, or deductible

**Services that are NONCOVERED by the primary insurance are **NOT** filed as a secondary claim. The secondary windows may be completed to bypass the need for the primary EOB attachment for TPL CLAIMS only.**
When is the Primary EOB not needed for Other Insurance (TPL)?

- The primary insurance **COVERS** the service and has **PAID** on the claim
  - Actual dollars were received
Two Ways to Access Claim Submission

1. **Search Claims**
   - Submit Claim Dental
   - Submit Claim Institutional
   - Submit Claim Professional
   - Search Payment History

2. **Submit Claim**
   - Delegate for
   - Search Claims
   - Provider
   - Provider ID
   - Provider Services
     - Member Pocused Viewing
     - Search Payment History

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.
Fields marked with an asterisk (*) are required. Error notifications highlight information that is not completed.
“Include Other Insurance” leads to step 2
Check the box. Click **Continue**
Secondary Dental Claims – Other Insurance

Click “+” to add a new other insurance.
Secondary Dental Claims – Other Insurance

Clicking **Add** saves your entry and collapses the service detail.

No asterisks, but required.
Secondary Dental Claims – Other Insurance

Click **Add**, the screen defaults to the *Other Insurance* screen. Click **Continue**.
## Submitting Dental Claims – Service Details

### Service Details

Select the row number to edit the row. Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>#</th>
<th>Service Date</th>
<th>Tooth Number</th>
<th>Procedure Code</th>
<th>Charge Amount</th>
<th>Units</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
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- **Service Date**: Indicate the date of service.
- **Tooth Number**: Specify the tooth number.
- **Procedure Code**: Choose the appropriate procedure code.
- **Charge Amount**: Enter the charge amount.

**Red * indicates a required field**

- **Rendering Provider ID**: Indicate the provider ID.
- **ID Type**: Select the ID type.
- **Rendering Taxonomy**: Provide the rendering taxonomy.

---

*Indicates a required field.*
### Submitting Dental Claims – Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

<table>
<thead>
<tr>
<th>#</th>
<th>Service Date</th>
<th>Oral Cavity Area</th>
<th>Tooth Number</th>
<th>Procedure Code</th>
<th>Charge Amount</th>
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</table>

*Click to collapse.*

**Service Date**

**Oral Cavity Area**

**Tooth Surface**

**Procedure Code**

**Charge Amount**

**Other Fees**

**Rendering Provider ID**

**Tooth Number**

**Line Item Control#**

**Rendering Taxonomy**

---

**Add**  
**Cancel**
## Submitting Dental Claims – Service Details

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

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- **Service Date**: 
- **Oral Cavity Area**: 
- **Tooth Number**: 
- **Procedure Code**: 
- **Charge Amount**: 
- **Units**: 
- **Action**: 

---

**Note**: Click to collapse.

---

**Additional Options**

- **Buccal**
- **Distal**
- **Facial**
- **Incisal**
- **Lingual**
- **Mesial**
- **Occlusal**

---

**Units**: 
**Line Item Control#**: 
**ID Type**: 
**Rendering Taxonomy**: 

---

**Buttons**:

- **Add**
- **Cancel**
Submitting Dental Claims – Service Details

### Service Details

Select the row number to edit the row. Click the Remove link to remove the entire row.

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<th>Tooth Number</th>
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</tr>
</thead>
</table>

- **Service Date**
- **Oral Cavity Area**
- **Tooth Number**
- **Procedure Code**
- **Charge Amount**
- **Units**
- **Action**

**Example Service Details**

- Service Date: [Date]
- Oral Cavity Area: [Area]
- Tooth Number: [Number]
- Procedure Code: D43 - Periodontal Scaling & Root
- Charge Amount: [Amount]
- Rendering Provider ID: [ID]

---

**Other Fees**

- D4355 - Full Mouth Debridement
- D4381 - Localized Delivery Antimicrobial
- D4341 - Periodontal Scaling & Root
- D4342 - Periodontal Scaling 1-3 Teeth
- D4320 - Provisional Splint Intracoronaral
- D4321 - Provisional Splint Extracoronaral
- D4346 - Scaling Gingiv Inflammation
Submitting Dental Claims – Service Details

Clicking **Add** saves your entry and collapses the service detail
Secondary Dental Claims – Other Insurance Details

- Each service detail must include the amount paid for that code.
- Click the detail number under the # column to expand the Other Insurance for Service Detail.
- Clicking Add and Save collapses the service detail.

```
<table>
<thead>
<tr>
<th>#</th>
<th>Service Date</th>
<th>Tooth Number</th>
<th>Procedure Code</th>
<th>Charge Amount</th>
<th>Units</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>07/19/2018</td>
<td></td>
<td>D4341-PERIODONTAL SCALING &amp; ROOT</td>
<td>$100.00</td>
<td>1.00</td>
<td>Remove</td>
</tr>
</tbody>
</table>

Other Insurance for Service Detail

- *Other Carrier: UHC Dental-UHC Dental
- TPL/Medicare Paid Amount
- Paid Date: 08/20/2018

SAVE!!!
```
Secondary Dental Claims – Other Insurance Details

- Add insurance payment to each detail that has been paid
- Submit claim when finished
Submitting Dental Claims – Add Claim Attachment

- 5 MB total allowed for the total claim attachments
- Document type allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF
- Word and Excel are not allowed
Reminder: Periodontal root planing and scaling

Periodontal root planing and scaling requires Periodontal Chart documentation.

- Document date of service by each quadrant billed on the current claim.
- Member ID (RID): 09/29/2019

Please do NOT submit member X-rays.
Submitting Dental Claims – Claim Note Information

<table>
<thead>
<tr>
<th>#</th>
<th>Note Reference Code</th>
<th>Note Text</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Additional Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note Reference Code

Note Text

Add     Cancel

Back to Step 1

Submit     Cancel
Submitting Dental Claims –
Review Before “Confirm”

Do not use the browser back button
Submitting Dental Claims – Confirmation

Payment status

Attachments and claim note may cause the claim to be Pending in Process

Types of claim status:
• Paid
• Pending in Process
• Denied
Reminder
The IHCP mandated a 180-day filing limit for FFS claims, effective January 1, 2019. See BT201829, published on June 19, 2018, for additional details.

- The 180-day filing limit is based on date of service:
  - Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit
  - Dates of service before January 1, 2019, are subject to the 365-day filing limit
Helpful Tools
### Helpful Tools

#### Provider Relations Consultants

<table>
<thead>
<tr>
<th>REGION</th>
<th>FIELD CONSULTANT</th>
<th>EMAIL</th>
<th>TELEPHONE</th>
<th>COUNTIES SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jean Downs</td>
<td><a href="mailto:INXIXRegion1@dxc.com">INXIXRegion1@dxc.com</a></td>
<td>(317) 488-5071</td>
<td>Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St.Joseph, Starke, Steuben, Whitley Chicago, Watseka, Sturgis</td>
</tr>
<tr>
<td>Illinois</td>
<td>Shari Galbreath</td>
<td><a href="mailto:INXIXRegion2@dxc.com">INXIXRegion2@dxc.com</a></td>
<td>(317) 488-5080</td>
<td>Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville</td>
</tr>
<tr>
<td>Michigan</td>
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</tr>
<tr>
<td>Illinois</td>
<td>Crystal Woodson</td>
<td><a href="mailto:INXIXRegion3@dxc.com">INXIXRegion3@dxc.com</a></td>
<td>(317) 488-5324</td>
<td>Boonem Hamilton, Hendricks, Johnson, Marion, Morgan</td>
</tr>
<tr>
<td></td>
<td>Ken Guth</td>
<td><a href="mailto:INXIXRegion4@dxc.com">INXIXRegion4@dxc.com</a></td>
<td>(317) 488-5153</td>
<td>Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick Owensboro</td>
</tr>
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<td></td>
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</tr>
<tr>
<td>Kentucky</td>
<td>Virginia Hudson</td>
<td><a href="mailto:INXIXRegion5@dxc.com">INXIXRegion5@dxc.com</a></td>
<td>(317) 488-5186</td>
<td>Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville, Cincinnati, Harrison, Hamilton, Oxford</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Judy Green</td>
<td></td>
<td>(317) 488-5026</td>
<td>All other out of state areas not previously listed</td>
</tr>
<tr>
<td>Kentucky</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Team Lead</td>
<td>Jenny Atkins</td>
<td>(317) 488-5032</td>
<td></td>
</tr>
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Helpful Tools

IHCP website at in.gov/medicaid/providers:
  • IHCP Provider Reference Modules
  • Medical Policy Manual
  • Contact Us – Provider Relations Field Consultants

Customer Assistance available:
  • Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
  • 1-800-457-4584

Secure Correspondence:
  • Via the Provider Healthcare Portal

  (After logging in to the Portal, click the Secure Correspondence link to submit a request)
Questions

Please review your schedule for the next session you are registered to attend
Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

https://tinyurl.com/fssa1055