

# OMPP Policy Consideration Request Form



## Instructions

If you have a request for policy consideration, please complete this form and email it to the Policy Consideration Team at [PolicyConsideration@fssa.in.gov](mailto:PolicyConsideration@fssa.in.gov). Once the form is submitted, the Policy Consideration Team will begin the review process. Do not send handwritten request forms.

## WARNING

Do not send protected health information (PHI) or a Social Security number via the policy consideration email. If a requester needs to provide information that contains PHI, the requester should inform the Policy Consideration Team using this request form. The Policy Consideration Team will then send a secure email message to the requester, to which the requester can reply to submit PHI. Under no circumstances should the PHI include a Social Security number. All PHI violations shall be reported in accordance to law and regulation.

### Please provide your current contact information:

Name		Title	
Organization			
Street Address			
City	State Initial	Zip Code	
Phone Number			
Email Address			

### Please select the appropriate box for type of request:

<input type="checkbox"/> Coverage Request	<input type="checkbox"/> Billing Issue	<input type="checkbox"/> General Question
<input type="checkbox"/> Reimbursement Rate	<input type="checkbox"/> Code Set	<input type="checkbox"/> Other
If other, please state here		

### Please describe the Medicaid policy issue:

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ICN, if a claim is involved	
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### Please state the desired outcome for this request:

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Codes to be covered	
Revenue codes to be used	
Modifiers to be used	

### Please provide supporting information for your request. (You may add additional attachments to your submission.)

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