

Fee-for-Service Claims 101

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2021



Agenda

- IHCP Provider Healthcare Portal
- Submitting Claims via the IHCP Portal
- Search Claims
- Correcting or Resubmitting Claims
- Internal Control Numbers (ICN)
- Life of a Claim
- Reminders
- Helpful Tools
- Questions



IHCP Provider Healthcare Portal



Finding the IHCP Portal Online

Visit: <https://www.in.gov/medicaid/providers/index.html>

IHCP News Items

- 07-28-2021 IHCP to host webinar about provider notices published during July
- 08-12-2021 IHCP to host webinar on principles for ethical and compassionate opioid tapering

[Click Here To View More News](#)



Bulletins



Banner Pages



Portal Log-In



Portal Training



Electronic vs Paper Claim Submission

Electronically submitted claims:

- Immediate response
- Less opportunity for errors
- Postage savings

Paper claims:

- 21-day turnaround time on a clean claim
- Possibility of keying errors
- Lost or damaged claims
- Postage costs
- Claims returned to provider
- Mailing time



IHCP Provider Portal Features

- One login with access to multiple locations
- Verify member's eligibility
 - Including Third-Party Liability (TPL) updates
- Submit, search and correct claims
 - Including remit review
 - Administrative reviews
- Submit and update prior authorizations
- Provider Enrollment
 - Revalidations
 - Provider updates
 - Rendering linkage
- Rendering providers can register on the portal



Claim Filing Limit

The IHCP has mandated a 180-day filing limit for fee-for-service (FFS) claims.

- The 180-day filing limit is effective based on discharge date of service.
- See Section 6 of the [Provider Enrollment Module](#) for timely filing billing exceptions.



This does not mean six months:
Count the days!



Submitting Claims via the IHCP Portal



Navigating the IHCP Portal




1. Click the Claims tab on the IHCP Portal home page.

The image shows the 'Claims' section of the portal. On the left is a sidebar with a 'Claims' header and a list of links: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Institutional', 'Submit Claim Professional', and 'Search Payment History'. A red arrow points from the text '2. Choose your claim type.' to the 'Submit Claim Institutional' link. To the right of the sidebar is a form titled 'Submit Institutional Claim: Step 1'. Below the title is a note: '* Indicates a required field.' At the bottom of the form are two radio button options: 'Inpatient' (which is selected) and 'Outpatient'.

3. For facility billing, choose inpatient or outpatient.

Submitting Professional Claims

Be sure you are logged in to the Portal under the correct Billing Provider ID.




Provider Information

Requesting Provider Information

Billing Provider ID		ID Type	Provider ID	Name	
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_
Rendering Taxonomy	<input type="text"/>				
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_

Use the spyglass to enter rendering National Provider Identifier (NPI).

Provider ID Search [Back to Claim](#) 

Search By ID Search By Name Search By Organization

* Indicates a required field.

*Provider ID Provider ID Type

If physician is listed more than once, choose the entry without a taxonomy number.

Submitting Professional Claims -- Service Details

Service Details

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

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<div>Click to collapse.</div> <div> <div> <div>*From Date</div> <div></div> <div>To Date</div> <div></div> <div>*Place of Service</div> <div></div> </div> <div> <div>*Procedure Code</div> <div></div> <div>Modifiers</div> <div></div> </div> <div> <div>*Diagnosis Pointers</div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Charge Amount</div> <div>\$0.00</div> <div>*Units</div> <div></div> <div>*Unit Type</div> <div>Unit</div> <div>EPSDT</div> <div></div> <div>Family Plan</div> <div></div> <div>EMG</div> <div></div> </div> <div> <div>Rendering Provider ID</div> <div></div> <div>ID Type</div> <div></div> <div>Rendering Taxonomy</div> <div></div> </div> <div> <div>Line Item Control#</div> <div></div> </div>							

NDC for Service Detail

Note for Service Detail

Add

Cancel

- Red **asterisks** (*) indicate a required field.
- Charge Amount field is required.
- Modifiers are required, if applicable.



Submitting Facility UB Claims Service Details

*From Date	<input type="text"/>	To Date	<input type="text"/>
*Revenue Code	<input type="text"/>	HCPCS/Procedure Code	<input type="text"/>
Modifiers	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Charge Amount	<input type="text" value="\$0.00"/>	*Units	<input type="text"/>
		*Unit Type	<input type="text" value="Unit"/>
Line Item	<input type="text"/>	Non-Covered Charge Amount	<input type="text" value="\$0.00"/>
Control#	<input type="text"/>		
NDC for Service Detail <input data-bbox="1760 868 1789 903" type="button" value="+"/>			
<div><input type="button" value="Add"/> <input type="button" value="Cancel"/></div>			

Submitting Claims

Add Claim Attachment

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					

*Transmission Method

FT-File Transfer ▼

*Upload File

Choose File No file chosen

*Attachment Type

BR-Benchmark Testing Results

BS-Baseline

BT-Blanket Test Results

CB-Chiropractic Justification

CK-Consent Form(s)

CT-Certification

D2-Drug Profile Document

DA-Dental Models

DB-Durable Medical Equipment Prescription

DG-Diagnostic Report

DJ-Discharge Monitoring Report

DS-Discharge summary

EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)

HC-Health Certificate

HR-Health Clinic Records

I5-Immunization Record

IR-State School Immunization Records

LA-Laboratory Results

M1-Medical Record Attachment

MT-Models

Add

Cancel

Claim Note Information

Click the **Remove** link to remove the e

#	Note Reference	Action
Click to add a new claim note		

Back to Step 1

Back

Submit

Cancel

[Go to Top](#)

- 5 MB total allowed
- Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG and TIFF/TIF
- The following are not allowed: Word and Excel



Submitting Claims

Claim Note Information

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action
<div>Click to collapse.</div>			
	<div>Note Reference Code</div> <div> <div>Note Text</div> <div> <div>Additional Information</div> <div>Certification Narrative</div> <div>Goals, Rehabilitation Potential, or Discharge Plans</div> <div>Diagnosis Description</div> <div>Third Party Organization Notes</div> </div> </div>		

Only add a claim note if needed. A claim note will cause the claim to suspend and may delay processing.



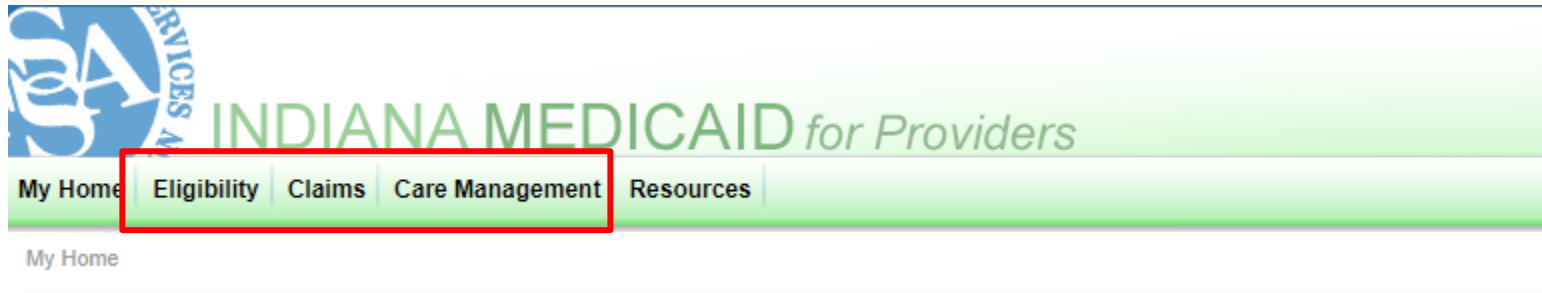
Portal Claim Questions

- When do I check “Include Other Insurance”?
 - The primary made a payment.
 - The primary applied entire claim to deductible (Medicare only).
- When do I need to attach the Explanation of Benefits (EOB)?
 - The primary applied entire claim to deductible (TPL only).
 - The primary denied the entire claim or some of the detail lines.



Search Claims

Search Claims – Results



Eligibility

- Is member eligible?
- What is member's Managed Care?
- Does member have a liability?
- Does a member have other insurance?

Claims

- Claims submission-UB
- Claims submission-Prof
- Remittance Advice

Care Management

- Submit prior authorization requests
- Update prior authorization requests
- Review current prior authorizations



How to Search Claims

Search Claims ?


Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.






Claim Information

Claim ID

Member Information

Member ID Birth Date 
Last Name First Name

Service Information

Claim Type 
Service From  To  Claim Status 
Paid Date 

Search by Claim ID, Member ID and service date, or paid date.



Search Claims – Results

	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
<div>+/-</div>		Institutional	Finalized Payment	07/12/2021 - 07/13/2021			\$482.76	07/21/2021	\$0.00

Clicking +/- or Claim ID link will give you results of the claim.

Edit, Copy and Void Claims Correcting or Resubmitting Claims



Correcting and Resubmitting Claims

Service Details							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
<u>1</u>	06/07/2021	06/07/2021	41-Ambulance - Land	A0427-ALS1-EMERGENCY	\$1,692.00		1.00 Unit
<u>2</u>	06/07/2021	06/07/2021	41-Ambulance - Land	A0425-GROUND MILEAGE	\$210.90		11.10 Unit

Claim EOB Information
Claim Adjustment Reason Code Information
Adjudication Errors
No Claim Codes exist for this claim
No Attachments exist for this claim
No Claim Notes exist for this claim

Edit

Copy

Void

Print Preview

- Paid status claim should be **Edit** or **Void**.
- Do not copy.

Note: Voiding and editing will set up an account receivable (A/R) and offset on a future remit.



Correcting and Resubmitting Claims

Copy Professional Claim ?

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

<input type="radio"/> Member Information	<input type="radio"/> Service Information	<input type="radio"/> Member and Service Information	<input checked="" type="radio"/> Entire Claim
Member ID	Service Facility Location	Copies data listed in previous 2 columns.	Copies data listed in columns 1 and 2 PLUS:
Last Name	Diagnosis Code(s)		Referring Provider
First Name	Place(s) of Service		Accident Related
Birth Date	Procedure Code(s)		Accident State
Patient Number	Modifier(s)		Accident Country
	Diagnosis Pointer(s)		Pregnancy Indicator
	Detail Charge Amount(s)		Authorization Number
	Units		Medical Record Number
	Unit Type(s)		Special Program
	Rendering Provider(s)		Emergency Indicator(s)
	NDC Code Type(s)		EPSDT Indicator(s)
	NDC Code(s)		Family Plan Indicator(s)
	NDC Unit Price(s)		Line Item Control #(s)
	NDC Quantity(s)		NDC Prescription #(s)
	NDC Unit of Measure(s)		NDC Prescription Type(s)
			Claim Note(s)
			All Dates
			All Other Insurance

Copy **Cancel**

Choose the appropriate information above in order to make the corrections and resubmit the claim for processing.



Internal Control Numbers (ICN)



Internal Control Numbers (ICN)

Region Codes – 13 digits



10-Paper claim – no attachment

11-Paper claim – with attachment

20-Electronic claim via batch billing – no attachment

21-Electronic claim via batch billing – with attachment

22-Portal submitted claim – no attachment

23-Portal Submitted claim – with attachment

91-Special batched claims with attachment

This claim was submitted via batch billing without an attachment.



Internal Control Numbers (ICN)

20 21 193 XXXXXX

This claim was submitted in 2021.

20 21 193 XXXXXX

This claim was submitted the 193rd day of the year or on July 12th.



Internal Control Numbers (ICN)

20 21 193 XXXXXX

Internal Batch Numbers



Life of a Claim

Life of a Claim

Indiana Health Coverage Programs (IHCP) claims go through the following stages:

Date of service

Billing for
services

Claim
processing

Reimbursement

- Member must be enrolled and eligible for the service (benefit plan).
- Services must be covered under the member's Medicaid plan.
- Provider must be eligible to render the service (provider contract).
- Prior authorization (PA) is approved (when applicable).
- Billing/group/and rendering providers must be properly enrolled.



Life of a Claim

IHCP claims go through the following stages:

Date of service

**Billing for
services**

Claim
processing

Reimbursement

- Use correct claim form and billing codes.
- Send claim to the right place:
 - Third-Party (when applicable)
 - Gainwell – if fee-for-service (FFS)
 - MCE – if managed care entity (MCE) member
- Include required documentation (when applicable).
- Bill claim within the timely filing limit.

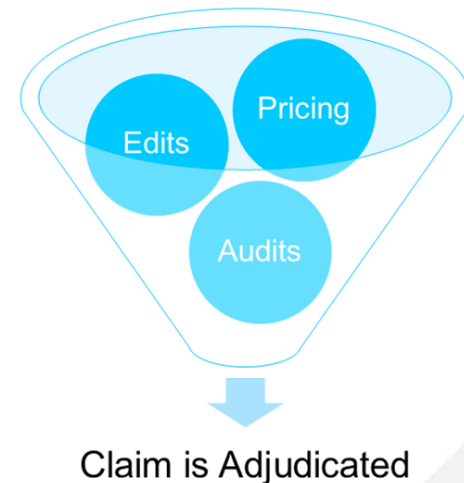


Life of a Claim

IHCP claims go through the following stages:



- Claims that pass the initial prescreening are loaded into *CoreMMIS* for processing.
 - Paper claims or claims submitted through a clearinghouse that do not pass the prescreening are rejected and returned to the provider with an explanation of why the claim could not be processed.
- Claims will be processed and adjudicated following the Medicaid federal and state policies and regulations.



Life of a Claim

IHCP claims go through the following stages:

Date of service

Billing for
services

Claim
processing

Reimbursement

When a claim is adjudicated and is in a paid status, the provider is reimbursed after the weekly financial cycle has processed.



Reminders

Fee Schedule

Visit the IHCP Provider Website: <https://www.in.gov/medicaid/providers>



Professional Fee Schedule



Outpatient Fee Schedule

Read the copyright agreement, then click ACCEPT.

- Providers may [search the Professional Fee Schedule by procedure code, procedure code range, or procedure code description.](#)

Procedure Code:	<input type="text"/>
Procedure Code Range:	<input type="text"/> to <input type="text"/>
Procedure Code Description:	<input type="text"/>
	<input type="button" value="Submit"/>



Professional Fee Schedule

Procedure Code:
 Procedure Code Range: to
 Procedure Code Description:

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Category Desc	Rate Type	Pricing Method	Effective Date	Pricing End Date	PA Req'd	Attach Req'd
99600					MEDSV	Medical Services	Def	MAXFEE	7/1/2021		Y	
Min-Max Units					Fee Schedule Amt:	\$19.82		Base Units:		Age Min-Max:		

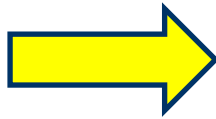
Facility billing uses the
Outpatient Fee Schedule.



[Go to Outpatient Fee Schedule](#)








Outpatient Fee Schedule



- [Outpatient Fee Schedule – July 2021](#)
- [Outpatient Fee Schedule – June 2021](#)
- [Outpatient Fee Schedule – May 2021](#)
- [Outpatient Fee Schedule – April 2021](#)
- [Outpatient Fee Schedule – March 2021](#)
- [Outpatient Fee Schedule – January and February 2021](#)

18	Proc Code	Description	IPO CODE	PA	Cov	Pricing	HAF Exempt?	Fee Sched Amt	Manual Method	Price Effective	ASC
136.5	J0178	AFLIBERCEPT INJECTION	No	No	Yes	PC	Yes	\$ 971.25	N/A	8/1/2020	N/A

PHI Email Warning!

Personal Health Information, also known as PHI, must always be kept private and not shared in an unsecure email platform.

This includes:

- All personal identifiable information, such as Insurance ID, Social Security number, Date of Birth, Address and Phone Number
- All health-related information such as services rendered and diagnosis
- All claims and claim information such as Internal Control Number (ICN)

All emails with PHI must be sent via a secure email platform and SHOULD NOT include PHI in the subject line



COVID-19

[BT202178](#) – IHCP COVID-19 Response: IHCP temporarily revises time frames for certain PA approvals

[BT202180](#) – IHCP COVID-19 Response: PA changes temporarily reinstated for some DME/HME supplies and services

[BT202181](#) – IHCP COVID-19 Response: IHCP reinstates temporary PA changes for managed care SNF admissions

[BT202182](#) – IHCP COVID-19 Response: IHCP temporarily reinstates PA policy for LTAC and AIR facility admissions

Per [BT202142](#)

Telehealth policies will remain in place.

Watch future IHCP publications



Helpful Tools

Helpful Tools

<https://www.in.gov/medicaid/providers>

Sign up for banner pages
and bulletins.

Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.

Sign Up

Watch for the OMPP Webinar schedule on IHCP provider portal home page.

IHCP News Items

07-28-2021

[IHCP to host webinar about provider notices published during July](#)

08-12-2021

[IHCP to host webinar on principles for ethical and compassionate opioid tapering](#)

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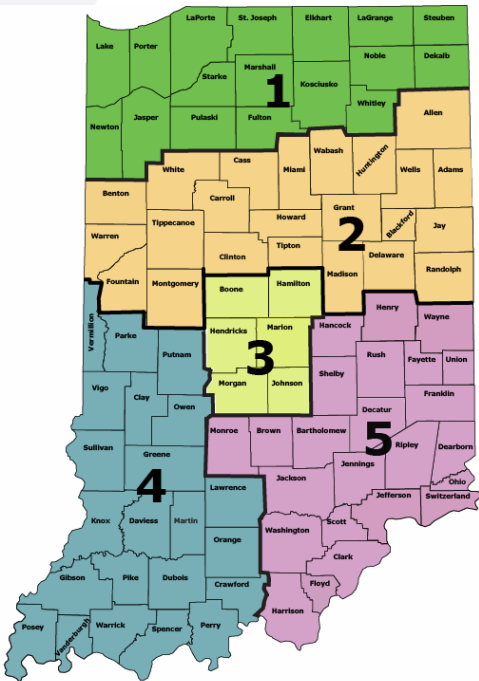


Helpful Tools

Consultants for the Indiana Regions

(F= Field; I= Internal)

Region	Consultant	Email	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I)	INXIXRegion1@dxc.com	317-488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) Gretchen Schaller-Golob (I)	INXIXRegion2@dxc.com	317-488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I)	INXIXRegion3@dxc.com	317-488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I)	INXIXRegion4@dxc.com	317-488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) Vikki Lowllun (I)	INXIXRegion5@dxc.com	317-488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne



Helpful Tools

IHCP Provider website at in.gov/medicaid/providers:

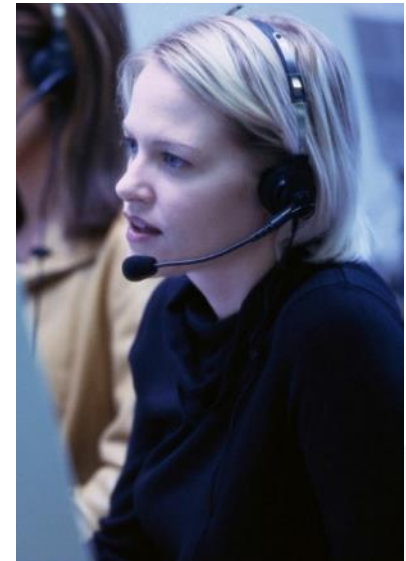
- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance available:

- 800-457-4584
- Live assistance available Monday–Friday, 8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



Questions