

Dental Services

Indiana Health Coverage Programs
Gainwell Technologies
2023 IHCP Works Annual Seminar



Agenda

- Indiana Health Coverage Programs (IHCP) Website
- Billing and Reimbursement for Dental Services
- Other Insurance (TPL) Information on the IHCP Provider Healthcare Portal
- Most Common Reasons for Claim Denial
- Helpful Tools
- Questions



Indiana Health Coverage Programs (IHCP) Website



Welcome to Indiana Medicaid

The screenshot shows the Indiana Medicaid website homepage. At the top left is the IN.gov logo and a menu icon. At the top right are buttons for "Find an Agency" and "Gov. Eric J. Holcomb". The main header features a background image of hands being held together, with the FSA logo and the text "Welcome to Indiana Medicaid". Below this is a paragraph: "Welcome to Indiana Medicaid. On this site, you can learn about the different Medicaid programs and how to apply. Check out our Eligibility Guide to learn about eligibility for certain programs and see if you may qualify." The page is divided into three columns: "Members" (with a blue icon of people), "Providers" (with a red icon of a caduceus), and "Business Partners" (with an orange icon of hands shaking). Each column has a short paragraph of text. At the bottom, there is an accessibility notice, a footer with "Accessability Tools" (Screen Reader - Speak, Text Only Version, Google Translate, Select Language), social media icons (YouTube, Facebook, Twitter, Instagram, Email), and a copyright notice: "Copyright © 2022 State of Indiana - All rights reserved."

[Indiana Medicaid Website](#)



IHCP Website for Providers

IN.gov An official website of the Indiana State Government Accessibility Settings Language Translation Governor Eric J. Holcomb

INDIANA MEDICAID For Providers

- Provider Enrollment
- Provider References
- Provider Education
- Business Transactions
- Clinical Services
- About IHCP Programs
- Contact Information

What's New?

Find out about recent news items, provider publications, and other website or program updates.

[Read the Latest IHCP Update Email](#)

IHCP News & Events

08-09-2023 IHCP will host webinar to discuss provider notices published during July

There are no calendar entries at this time.

[Click Here To View More News And Events](#)

- Bulletins
- Banner Pages

Fee Schedules

Search for coverage and pricing information for IHCP-covered professional and outpatient procedures.

- Professional Fee Schedule
- Outpatient Fee Schedule

Provider Portals

Many IHCP contractors offer portals, allowing providers to perform tasks online. For example, you can use the IHCP Provider Healthcare Portal to enroll as an IHCP provider, check member eligibility, submit claims, view payments, update provider profiles, send secure correspondence and more.

- IHCP Portal Log-In
- Additional Provider Portals

Provider Search

Locate providers eligible to serve IHCP members and search the enrollment database to identify all eligible ordering, prescribing or referring (OPR) providers.

- Provider Locator
- OPR Search

IHCP Provider Reference Modules

The screenshot displays the Indiana Medicaid for Providers website. At the top, there is a navigation bar with the IN.gov logo, the text "An official website of the Indiana State Government", and links for "Accessibility Settings", "Language Translation", and "Governor Eric J. Holcomb". Below this is a dark green header with the "Indiana Medicaid for Providers" logo and a search bar labeled "Search Providers". A horizontal menu contains icons and labels for "Provider Enrollment", "Provider References", "Provider Education", "Business Transactions", "Clinical Services", "About IHCP Programs", and "Contact Information". The main content area features a large banner with the text "IHCP Provider Reference Modules" and a search icon. Below the banner is a breadcrumb trail: "INDIANA MEDICAID / INDIANA MEDICAID FOR PROVIDERS / PROVIDER REFERENCES / BULLETINS, BANNER PAGES AND REFERENCE MODULES / IHCP PROVIDER REFERENCE MODULES". The text below the breadcrumb explains that these modules are the primary reference for billing and reimbursement guidance for providers. It also includes three bullet points with links to "Eligibility and Benefits Modules", "Claims and Billing Procedures Modules", and "Service- and Provider-Specific Modules".

INDIANA MEDICAID / INDIANA MEDICAID FOR PROVIDERS / PROVIDER REFERENCES / BULLETINS, BANNER PAGES AND REFERENCE MODULES / 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](#)

[Provider Reference Modules](#)



Service- and Provider- Specific Modules

Service- and Provider-Specific Modules		
Anesthesia Services	June 1, 2022	6.0
Behavioral Health Services	July 1, 2021	3.0
Chiropractic Services	Feb. 1, 2023	7.0
Clinical Trials	March 1, 2023	5.0
Dental Services 	July 1, 2021	6.0

[Dental Services Module](#)




IHCP Dental Services Module



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Dental Services



LIBRARY REFERENCE NUMBER: PROMOD00022
PUBLISHED: OCTOBER 14, 2021
POLICIES AND PROCEDURES AS OF JULY 1, 2021
VERSION: 6.0

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IHCP FEE SCHEDULES

The screenshot shows the 'Indiana Medicaid for Providers' website. At the top, there is a navigation menu with links for 'INDIANA MEDICAID', 'INDIANA MEDICAID FOR PROVIDERS', 'BUSINESS TRANSACTIONS', 'BILLING AND REIMBURSEMENT', and 'IHCP FEE SCHEDULES'. The main content area is divided into two sections: 'Professional Fee Schedule' and 'Outpatient Fee Schedule'. The 'Professional Fee Schedule' section includes a paragraph explaining that the IHCP Professional Fee Schedule includes reimbursement information for providers that bill services using professional claims or dental claims reimbursed under the fee-for-service (FFS) delivery system. It also lists the reimbursement amount or indicates if the service is noncovered, and notes additional information such as prior authorization or age or unit limits. Below this text is a red arrow pointing to a 'View Professional Fee Schedule' button. The 'Outpatient Fee Schedule' section includes a paragraph explaining that the IHCP publishes the rates for outpatient hospitals and ambulatory surgical centers (ASCs) on the Outpatient Fee Schedule. This fee schedule reflects current IHCP coverage and reimbursement policy for procedure codes and revenue codes billed for IHCP outpatient services under the FFS delivery system. It is posted as a Microsoft Excel document, so providers can search and sort as needed. The Outpatient Fee Schedule is updated monthly to reflect any change in policies. Below this text is a 'View Outpatient Fee Schedule' button.

For age restrictions attached to certain dental procedure codes, see the Professional Fee Schedule, accessible from the IHCP Fee Schedules.

[IHCP Fee Schedules](#)

Dental Services Codes

- Dental Procedures Codes Allowed for Emergency Services Only (Package E and Package B) Members
- Dental Procedure Codes that Require a Tooth Number on the Claim
- Dental Procedure Codes that Require a Tooth Surface Code on the Claim
- Qualifying Dental Service Required Before Periodontal Maintenance

[Code Sets](#)

Billing and Reimbursement for Dental Services



Dental Claims

How can a provider submit claims?

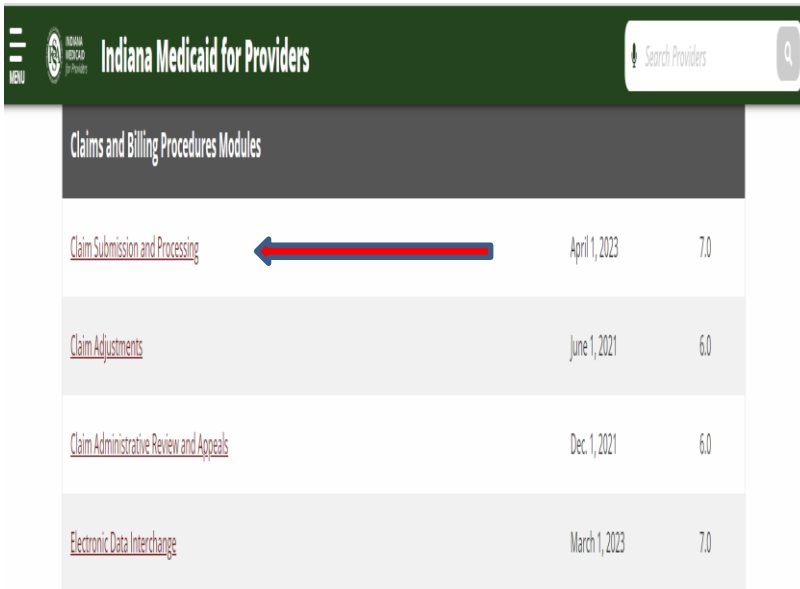
- A. Paper
- B. Electronic (837 Batch Electronic Transaction)
- C. IHCP Provider Portal
- D. All of the Above**

Dental Paper Claim Forms

Where do I get a paper claim form?

The IHCP does not supply the dental claim forms. Providers may obtain paper claims from several sources including the ADA at 800-947-4746 or ada.org.

Claim Submission and Processing Modules



The screenshot shows the 'Indiana Medicaid for Providers' website interface. At the top, there is a dark green header with the state logo and a search bar labeled 'Search Providers'. Below the header is a dark grey bar with the text 'Claims and Billing Procedures Modules'. A list of modules follows, each with a red arrow pointing to the 'Claim Submission and Processing' module.

Module Name	Effective Date	Version
<u>Claim Submission and Processing</u>	April 1, 2023	7.0
<u>Claim Adjustments</u>	June 1, 2021	6.0
<u>Claim Administrative Review and Appeals</u>	Dec. 1, 2021	6.0
<u>Electronic Data Interchange</u>	March 1, 2023	7.0

Guidelines for completing the paper claim can be found at ada.org or in the

[Claim Submission and Processing](#) module on the IHCP website.

Advantages to Claim Submission on the Portal

- ***Immediate*** claim status result
- Faster payment
- Easy and efficient
- Electronic attachments
- No additional forms to complete
- Nothing to submit by mail



Other Insurance (TPL) Information on the IHCP Portal



Other Insurance (TPL) – Header

Claim Information

Claim Header Instructions

Hospital From Date	<input type="text"/>		Hospital To Date	<input type="text"/>	
Date Type	<input type="text"/>	▼	Date of Current	<input type="text"/>	
Accident Related	<input type="text"/>	▼	Authorization Number	<input type="text"/>	
*Patient Number	<input type="text"/>		Special Program	<input type="text"/>	▼
Medical Record Number	<input type="text"/>				

*Does the provider have a signature on file? Yes No

*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A

*Does the provider have a signed statement from the patient releasing their medical information? Yes No

Include Other Insurance

Total Charged Amount \$0.00

Continue **Cancel**

If the primary insurance covers the service, check the box.

Other Insurance (TPL) Details

VERIFY ELIGIBILITY

Other Insurance Details -						
Carrier Name (Carrier ID)	Address	Phone Number	Policy ID	Group ID	Policy Holder	Coverage Type
ADVANCED PARADIGM (0013197)	909 E COLLINS BLVD TPL RICHARDSON, TX 75081					PHARMACY
ANTHEM BC/BS (0013444)	PO BOX 105187 ATLANTA, GA 30348	1-800-676-2583				MEDICAL

- The TPL reported on the claim should match what is on the eligibility:
 - If it does not, a TPL update should be submitted (Exception – Pharmacy information)

Adding Other Insurance Details

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1					-	Remove

[+](#) Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Cancel](#)

- Verify that the carrier name shows the correct insurance.
- Remove any insurance that should not be listed.
- Click the **1** by the carrier name to complete the information.

Click the **+** to add the correct TPL if not listed.

Other Insurance (TPL) Required Fields

The TPL carrier ID can be the same as the carrier name.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	ANTHEM BC/BS	0013444			-	Remove

Carrier Name ANTHEM BC/BS

Carrier ID 0013444

*Policy Holder Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="checkbox"/>
Policy Holder Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
				Country Code	<input type="text"/>
*Policy ID	<input type="text"/>	SSN	<input type="text"/>		
*Relationship to Patient	<input type="text"/>	*Claim Filing Code	<input type="text"/>		
Group ID	<input type="text"/>	Policy Name	<input type="text"/>		
TPL/Medicare Paid Amount	<input type="text"/>	Paid Date	<input type="text"/>		
Claim ID	<input type="text"/>				
Referral Number	<input type="text"/>	ation Number	<input type="text"/>		

Paid amount on the ENTIRE claim

Policy Holder Information

*Policy Holder Last Name *First Name MI

Policy Holder Address

City State ZIP Code Country Code

*Policy ID SSN

*Relationship to Patient *Claim Filing Code

Group ID

TPL/Medicare Paid Amount

Claim ID

Referral Number

Authorization Number

Policy Name

Paid Date

01-Spouse
18-Self
19-Child
20-Employee
21-Unknown
39-Organ Donor
40-Cadaver Donor
53-Life Partner

16-Health Maintenance Organization (HMO)
17-Dental Maintenance Organization
AM-Automobile Medical
BL-Blue Cross/Blue Shield
CH-Champus
CI-Commercial Insurance Co.
DS-Disability
FI-Federal Employees Program

How the member is related to the person who holds the insurance

Always "CI" for TPL

Claim adjustment details

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
<input type="checkbox"/> Click to collapse.					
*Claim Adjustment Group Code <input type="text"/>					
*Reason Code <input type="text"/>					
*Adjustment Amount <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

Claim adjustment details are **NOT** completed for TPL, unless there is an acceptable denial adjustment reason code (ARC)

Click to add a new other insurance.

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
1			11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$100.00	1.00 Unit	Remove

Other Insurance for Service Detail

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

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
---	------------	--------------------------	-----------	--------

Click to collapse.

*Other Carrier

*TPL/Medicare Paid Amount

*Paid Date

Paid amount for this detail only.

NDC for Service Detail

Note for Service Detail

Repeat process for *all* service details.

Primary EOB

- When is Primary explanation of benefits (EOB) required?
- When is Primary EOB not required?



Primary EOB *IS* Required for *Other Insurance* (TPL)

- When the third-party liability (TPL) carrier has **DENIED** the service as ***noncovered***
 - *Exception* – If the **TPL primary EOB contains an acceptable denial adjustment reason code (ARC)**, the secondary windows can be completed with the ARC, and no EOB is required
- When TPL carrier has applied the ***entire*** amount to the copay, coinsurance or deductible – **PAID** at \$0.00

- 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 **Commercial Insurance CLAIMS only**

Primary EOB *IS NOT* Required for *Other Insurance* (TPL)

When the primary insurance **COVERS** the service and has made a **PAYMENT** on the claim:

- Actual dollars were received
- Balance is applied to deductible, copayment or coinsurance



Claim Attachments

When the primary EOB is required, use the “Attachments” feature.

Attachments [-]

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

*Transmission Method

*Upload File No file chosen

*Attachment Type

Submit electronically through file transfer.

Search for the file from the documents saved in your files:

- Attachment file size limit is 5 MB, and valid file types for upload include .bmp, .gif, .jpg, .jpeg, .pdf, .png, .tif and .tiff
- Word and Excel files are not valid.

Claim Attachment Types

Attachments	
Click the Remove link to remove the attachment.	
#	Transmission Method
<input type="checkbox"/>	Click to collapse.
*Transmission Method	BT-Blanket Test Results
*Upload File	CB-Chiropractic Justification
*Attachment Type	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)
	EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer) ▼

Claim Note Information

Third-Party Liability (TPL) Updates



TPL Updates



How do I update the TPL?



IHCP Portal,
phone,
fax and email



IHCP TPL Toll-Free
Telephone
1-800-457-4584
Fax: 1-866-667-6579



Hours: 8 a.m. to 6 p.m.
(Eastern Time)
Monday through
Friday, except holidays



Email:
[INXITPLRequests@gainwell
technologies.com](mailto:INXITPLRequests@gainwelltechnologies.com)

Hours: 8 a.m. to 6 p.m.
(Eastern Time) Monday
through Friday, except
holidays



Providers are
encouraged to use the
IHCP Portal

Submitting TPL Updates on the IHCP Provider Healthcare Portal

The screenshot shows the Indiana Medicaid for Providers portal. At the top, there is a navigation bar with links for "My Home", "Eligibility", "Claims", "Care Management", "Resources", and "Switch Provider". The main content area is titled "My Home" and features a "Delegate for" section with a "Role IDs" dropdown menu set to "Provider - In Network". Below this, there is a "User Details" sidebar with a "Welcome" message and links for "My Profile" and "Switch Provider". The main content area displays "WELCOME HEALTH CARE PROFESSIONAL!" and a "Contact Us" link. A "Notify Me" link is also present. A "Secure Correspondence" link is highlighted with a red box. The bottom of the page features a yellow box with a red border containing the text: "Secure Correspondence is a delegate function assigned when the delegate is added to a service location."

Secure Correspondence is a delegate function assigned when the delegate is added to a service location.

Secure Correspondence

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 11

Status	Subject	Message Category	Date Opened ▼	Date Closed
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		

- Previously submitted correspondence messages and status are listed.
- Responses are specific to the service location under which the correspondence was submitted.



Creating Secure Correspondence TPL Update Message

Secure Correspondence - Create Message

[Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.



*Subject

*Message Category

*Email Address

*Confirm Email Address

Member ID

Claim Number

Date of Service

To

Medicaid Paid Amount

Paid Date

Provider/Facility

*Message

- Appeal
- Banking/Financial/RA
- Claim Inquiry
- Coverage Inquiry
- Enrollment
- Other
- Portal Assistance
- TPL Update**
- Administrative Review Request

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Size limit for attachments is 5MB.

TPL Update Message

Secure Correspondence - Create Message [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.

* Subject

* Message Category

* Email Address

* Confirm Email Address

Member ID

Claim Number


Date of Service To

Medicaid Paid Amount

Paid Date

Provider/Facility

* Message



TPL Updates Attachments

Add any available attachments to support the request.

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
*Transmission Method <input type="text" value="FT-File Transfer"/>					
*Upload File <input type="button" value="Choose File"/> No file chosen					
*Attachment Type <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					<input type="button" value="Attachments"/>
<input type="button" value="Send"/> <input type="button" value="Cancel"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					
<input type="button" value="Send"/> <input type="button" value="Cancel"/>					

The dropdown menu for Attachment Type is open, showing the following options:

- 01-Primary payer EOBs, including Medicare
- 02-Invoices or MSRP
- 03-Medical records
- 04-Consent forms
- 05-Remittance Advice (RA)
- 06-Screen prints
- 07-Admin Review Request Form
- 08-Claim/Correspondence
- 09-Other

Common Reasons for Claim Denial



Common Denials

Area of Oral Cavity

Tooth Numbering System

Surface Codes

Periodontal Charting and Quadrant Reporting

Prior Authorization (PA)

Third-Party Liability (TPL)

Timely Filing



Area of Oral Cavity

Table 2 – Area of Oral Cavity Codes

Code	Area
L	Left
R	Right
00	Entire oral cavity
01	Maxillary area
02	Mandibular area
09	Other area of oral cavity
10	Upper right quadrant
20	Upper left quadrant
30	Lower left quadrant
40	Lower right quadrant



Tooth Numbering System

Table 3 – Supernumerary Tooth Designations for Permanent Dentition

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
“Super” #	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66

Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
“Super” #	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67

Table 4 – Supernumerary Tooth Designations for Primary Dentition

Tooth #	A	B	C	D	E	F	G	H	I	J
“Super” #	AS	BS	CS	DS	ES	FS	GS	HS	IS	JS

Tooth #	T	S	R	Q	P	O	N	M	L	K
“Super” #	TS	SS	RS	QS	PS	OS	NS	MS	LS	KS



Tooth Surface Codes

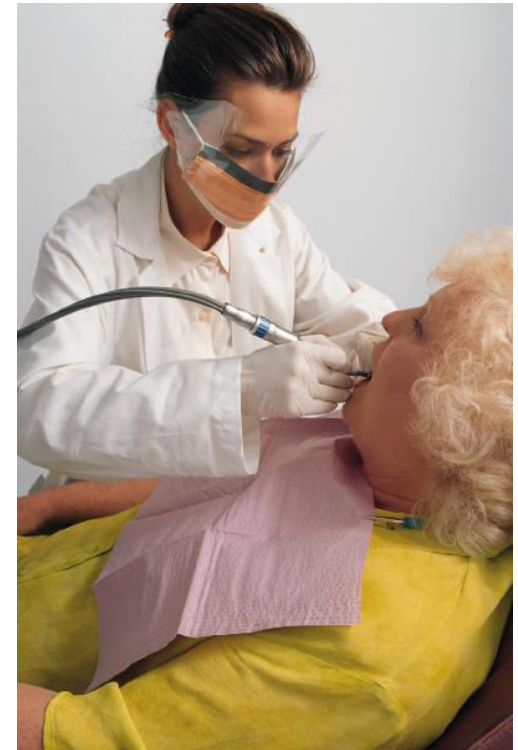
Table 5 – Valid Tooth Surface Codes

Anterior Teeth		Posterior Teeth	
D	(Distal)	B	(Buccal)
F	(Facial)	D	(Distal)
I	(Incisal)	L	(Lingual)
L	(Lingual)	M	(Mesial)
M	(Mesial)	O	(Occlusal)

Periodontal Root Planing and Scaling Periodontal Charting

D4341 or D4342 – Providers Must Submit Periodontal Charting

- Documentation must indicate that the member has periodontal disease by showing pocket markings or evidence of attachment loss and showing that the procedure was necessary for the removal of cementum and dentin that is rough, permeated by calculus, or contaminated with toxins or microorganisms.
- The date of the root planing and scaling must be written on the periodontal chart next to the quadrant
 - Perio-charting must include the member's name. If the member's name and date of service are not on the attachment, the claim will deny for EOB 4019 – *Attachment required for service rendered. Please verify and resubmit.*



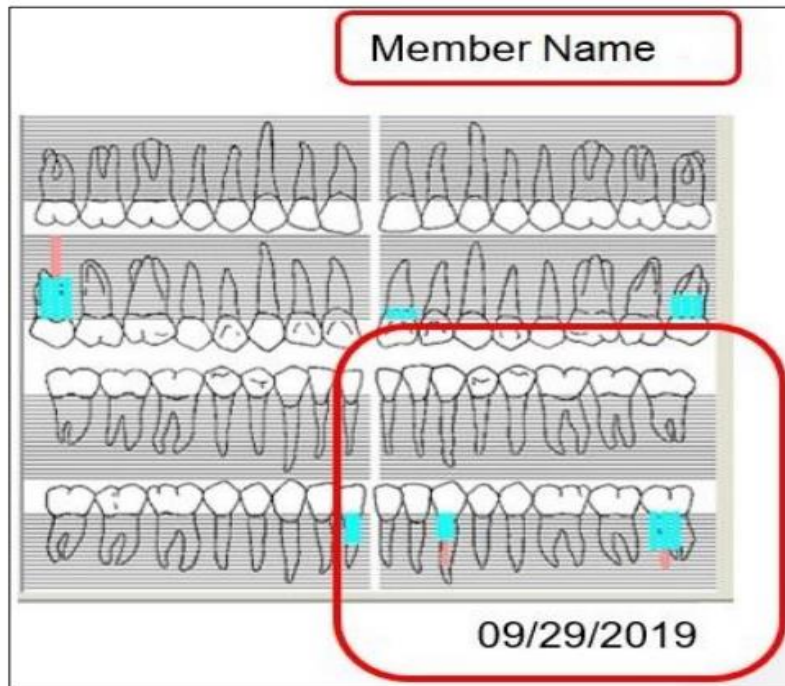
Periodontal Root Planing and Scaling

- The IHCP **does not require** radiographs documenting the periodontal disease with the claim submission, but radiographs must be part of the dental record and maintained in the dentist's office.
- When billing for multiple units of D4341 or D4342, the quadrants must be indicated for each service line, as described in the Area of Oral Cavity section.



Periodontal Charting Attachment Requirements

Figure 1 – Documenting Date of Service and Member Name on Periodontal Chart Attachment



The date of service should be handwritten or typed under or next to the quadrant completed.



Dental Services Requiring PA

The following services require PA:

- Periodontal surgery
- Space maintenance for children under 3 years of age or if permanent teeth are missing
- Orthodontics
- Dentures (complete and partial) for members 21 years of age or older – Flexible-base partials require PA for all ages
- Repairs and relines of dentures (complete and partial) for members 21 years of age or older
- Frenulectomy (frenectomy or frenotomy)
- General anesthesia for members 21 years of age or older
- IV sedation for members 21 years of age or older

BT202397 - September 15, 2023
PA is required for all members for
Dentures (complete and partial)

BT202396 IHCP Removes PA
Requirements for newborn and
infant frenectomies

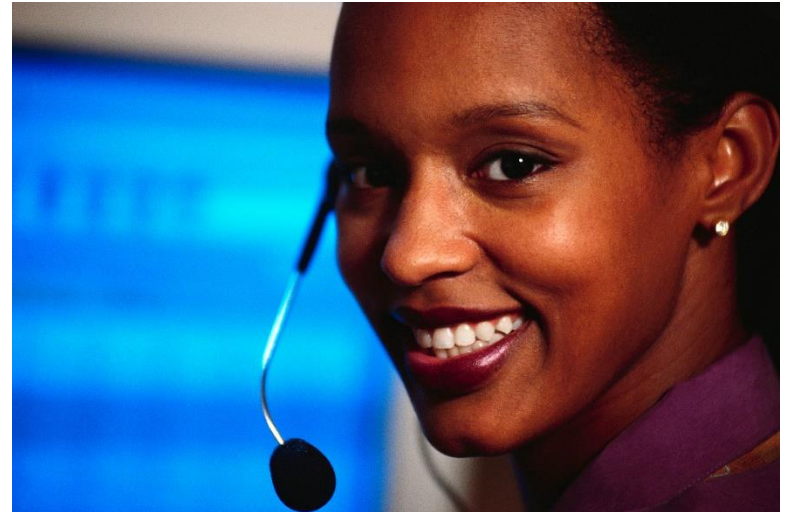
The IHCP returns PA requests to the provider if the requests are submitted for any other dental services. Prior authorization does not override a noncovered status on a dental code; therefore, a dental provider should not submit a PA request for a noncovered procedure code. The IHCP provides no reimbursement for ineligible members or for noncovered services. PA does not guarantee payment.



Prior Authorization (PA)

Effective July 1, 2023, the fee-for service nonpharmacy prior authorization vendor is Kepro.

- Kepro Customer Service line: 866-725-9991
- Kepro Fax Number: 800-261-2774
- [Atrezzo Provider Portal](#)



TPL Errors

- Coordination of Benefits Missing at the Header or Detail Service Line
- Attachment not included for services not paid by primary payor
- Incorrect Claim Code



Claim Filing Limit

How long do I have to file my claim?

- A. 90 days
- B. 180 days
- C. 1 year
- D. There is not a filing limit for claims



Helpful Tools



Provider Assistance

Your provider relations consultant can:

- Assist you with complex claim denial issues.
- Provide free IHCP Provider Healthcare Portal training.
- Assist you with the enrollment or revalidation process.
- Assist you in understanding member eligibility.
- Conduct 1:1 virtual or in-person onsite training and provider workshops.
- Help you in navigating the IHCP provider website/modules.



Contact Checklist

E-mails and calls should always include

- Provider NPI and Provider ID.
- Contact name, phone number and e-mail.
- Exact reason for the e-mail or call:
 - Claim example and exact claim information.
 - Member information including the RID (member Medicaid number).
 - Nature of issues.
- Provider enrollment – include the application tracking number (ATN).
- Any other information to help us research prior to returning the e-mail or call.

E-mail is the preferred method of contact.



Helpful Tools Links

[Indiana Medicaid for Providers](#) website:

Provider References > IHCP Provider Reference Modules

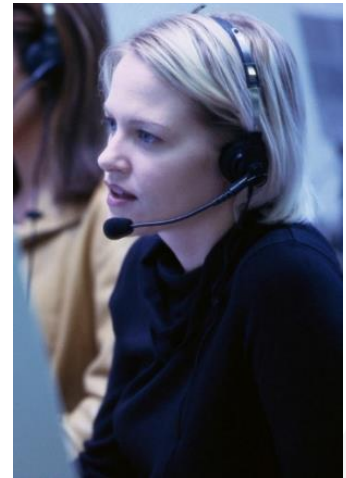
- Contact Information > Provider Relations Consultants

Customer Assistance:

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

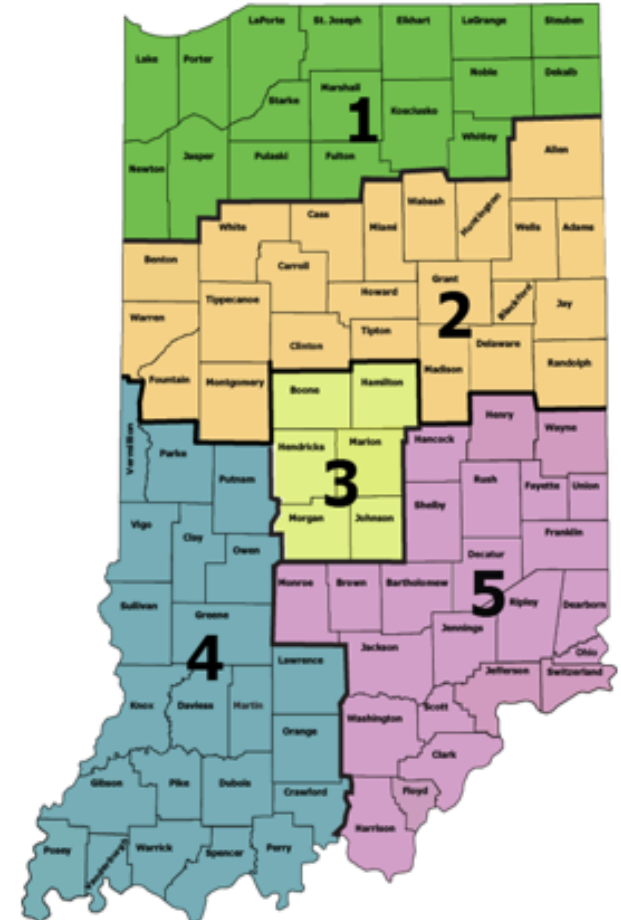
Secure Correspondence:

- Via the IHCP Provider Healthcare Portal
 - Registered account required
 - After logging in to the IHCP Provider Healthcare Portal, click **Secure Correspondence** to submit a request



Provider Relations Team

Region	Consultant	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I) inxixregion1@gainwelltechnologies.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) Jen Collins (I) inxixregion2@gainwelltechnologies.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@gainwelltechnologies.com	317-488-5321	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I) inxixregion4@gainwelltechnologies.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) inxixregion5@gainwelltechnologies.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



Questions

