



Dental Services

Indiana Health Coverage Programs (IHCP)

Gainwell Technologies

IHCP Works Annual Seminar October 2025

Agenda



- Indiana Medicaid for Provider Website
- Provider References
- Eligibility Verification – Dental Services
- Dental Code Sets and Fee Schedule
- Submitting Dental Claims on the IHCP Portal
- Claim Adjustments
- Questions



Indiana Medicaid for Provider Website

Welcome to Indiana Medicaid



Indiana Medicaid for Providers

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

IMPORTANT NOTICE:
The Indiana Health Coverage Programs is currently undergoing a period of high provider enrollment revalidation activity. Providers are strongly encouraged to take immediate action upon request for revalidation to minimize risk of disruption to their enrollment. For more information, providers should visit the ["Provider Enrollment Revalidation" webpage](#).

IHCP Providers

The Indiana Health Coverage Programs (IHCP) offers providers easy access to the resources and tools needed to conduct business with Indiana Medicaid. Provider updates and announcements, important reference materials, and general program information are all available through links and webpages located on this website.

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

There are no calendar entries at this time.

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

Bulletins

Banner Pages

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 by zip code, specialty, and enrollment database to identify all eligible ordering, prescribing or referring (OPR) providers.

Provider Locator

OPR Search

Fee Schedules

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



Professional Fee Schedule


Outpatient Fee Schedule


Indiana Medicaid: Home


Provider Enrollment





  **Indiana Medicaid for Providers**



Provider Enrollment



Provider References


Provider Education


Business Transactions


Clinical Services


About IHCP Programs


Contact Information

Become a Provider

IHCP Provider Enrollment Transactions

Complete an IHCP Provider Enrollment Application

Maintaining Your IHCP Provider Enrollment

Family Member/Associate Transportation Providers

Ordering, Prescribing or Referring Providers

Enrolling as a Managed Care Program Provider

Indiana Medicaid: Providers: 27 – Dentist

IHCP Rendering Provider Enrollment and Profile Maintenance Packet



Linking a Rendering Provider


Log in to the IHCP Provider Healthcare Portal under the service location the rendering will be linked to.

Choose **Provider Maintenance**

Choose **Rendering Provider Changes**



Provider Revalidation

 **Provider**

Name


Provider ID

[Disenroll](#)

[Provider Profile](#)

[Provider Maintenance](#)

[Enrollment / Revalidation Status](#)

 [Revalidation](#)

Providers can verify the service location revalidation date in their Provider Profile on the IHCP Portal.

Provider Profile Details

Provider ID	Provider Type
NPI	
Provider Name	

General | Name / Address | Specialties | Licenses | Medicare

Organization Information

Organization	S Corporation
Disregarded Entity	_
Revalidation Date	11/18/2022
Recertification Date	_

Providers will also see a reminder on the home page of their Provider Profile, on the [IHCP Provider Healthcare Portal](#).

Revalidation Information

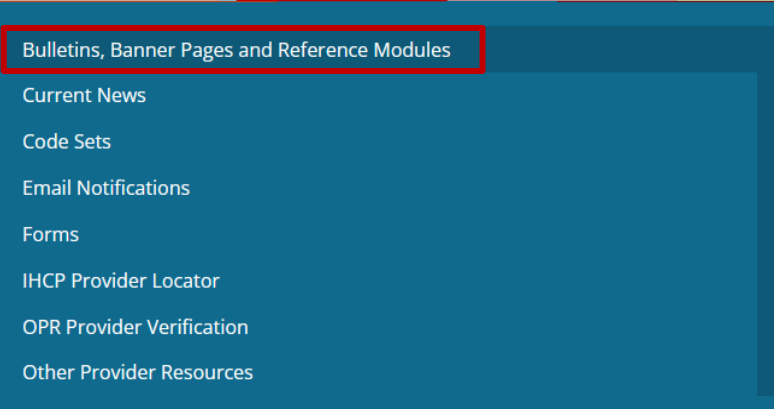
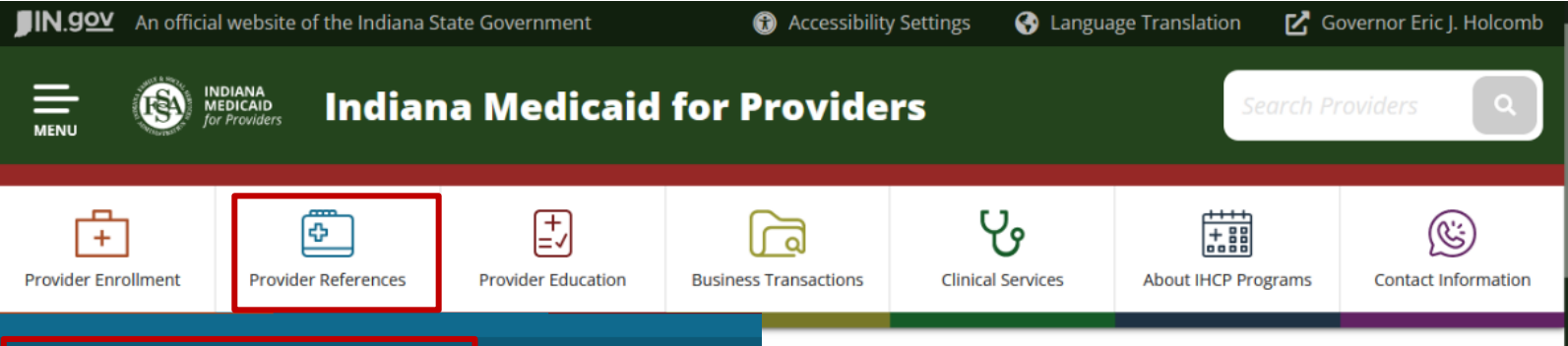


- Dental providers are required to revalidate every five years.
- Rendering providers are revalidated with the group.
- Notifications with instructions for revalidating are sent to the **MAIL TO ADDRESS in each service location Provider Profile** -90 days and 60 days in advance of the revalidation due date.
 - ***The revalidation reminder is service location specific.***
- Providers that fail to revalidate will be required to re enroll as a new provider and will receive a new IHCP provider ID.
- Providers may be denied payment from the time of disenrollment until the new enrollment is completed.
- Providers will also need to re-enroll with the managed care entities (MCEs).
- [Provider Enrollment Revalidation Due Dates Through December 2025](#) reflects a list of providers with upcoming revalidation due dates.



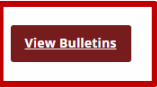
Provider References

Provider References Information



IHCP Bulletins

IHCP bulletins notify providers of new and revised policies, program changes and information about special initiatives.



IHCP Provider Reference Modules

For information about IHCP policies and procedures, including guidance on provider enrollment, billing, reimbursement and more, refer to the IHCP provider reference module appropriate to the topic of interest.



Searching for Dental-Related Bulletins



Show 50 entries

Table Search Dental

Bulletin #	Date	Topic	Audience (Provider Type)
BT2024177	11/12/2024	IHCP adds prior authorization requirement for medical and dental frenectomy codes	All
BT2024174	10/31/2024	IHCP updates reimbursement for certain dental codes	Dental, FQHC/RHC
BT2024121	08/01/2024	IHCP clarifies dental prophylaxis coverage	Dentist, FQHC/RHC
BT202435	03/26/2024	IHCP updates claim requirements for certain dental codes	Dentist
BT2023170	12/05/2023	IHCP removes coverage for Janssen dental COVID-19 codes	Clinic, Dentist, Hospital, Pharmacy/Prescribing, Physician/Practitioner
BT202397	08/15/2023	IHCP announces dental coverage policy changes	Dentist



Where to find the Dental Services Provider Module?

Indiana Medicaid: Providers: IHCP Provider Reference Modules



View Modules

- 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](#)
- Jump to [Program-Specific Modules – Home- and Community-Based Services](#)

Dental Services

Dental Services Provider Module



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Providers can verify member eligibility through the **Eligibility Verification System (EVS)**

either by using the

- [IHCP Provider Healthcare Portal](#) (IHCP Portal)
- or
- Virtual assistant (GABBY) at 800-457-4584, option 2.



Eligibility Verification

- To avoid claim denials, providers should verify that the member has not exhausted benefit limits before rendering services.
- Providers must verify eligibility at the time a member makes an appointment and again on the day of the appointment, before services are rendered.
- Eligibility should be verified every time the member is seen.
- Providers can verify member eligibility through the Eligibility Verification System (EVS) options below:
 - [IHCP Provider Healthcare Portal](#) (IHCP Portal)
or
 - Virtual assistant (GABBY) at 800-457-4584, option 2.

Member Eligibility Information



INDIANA MEDICAID for Providers [Contact Us](#) | [FAQs](#) | [Logout](#)

[My Home](#) **Eligibility** [Claims](#) [Care Management](#) [Resources](#)

Eligibility Verification Request

* Indicates a required field.
Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID Last Name First Name

SSN Birth Date

*Effective From Effective To

[Submit](#) [Reset](#)

Coverage Details for **Member ID** **Birth Date** [Expand All](#) | [Collapse All](#)

Verification Response ID

Benefit Details			
Coverage	Description	Effective Date	End Date
Package A-Standard Plan	Package A-Standard Plan		

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Hoosier Healthwise Managed Care			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
		MDWISE/EXCEL NETWORK	1---

Enter the individual's **Member ID** if known – no other identifiers need to be **added**.

or

If the Member ID is not known, enter the member's **first and last name and birth date or social security number and birth date**.

Effective Date:

Enter the date of either:

- The day you are scheduling the service
- Every time the member is seen (prior to the service rendered)

Dental Benefit Inquiries Using Secure Correspondence



INDIANA MEDICAID for Providers

My Home | Eligibility | Claims | Care Management | Resources

My Home

User Details

Welcome

My Profile

Manage Accounts

Provider

Name

Provider ID

Disenroll

Provider Profile

Provider Maintenance

WELCOME HEALTH CARE PROFESSIONAL!

Contact Us

Notify Me

Secure Correspondence

Secure Correspondence - Select Category

Back to Message Box

***Tell us why you are here today. Select the statement below that best fits the reason you are submitting a Secure Message.**

☒ I have a question about why a claim paid or denied the way it did.

☐ I disagree with a claim denial or payment amount. I have not submitted this claim previously for Gainwell to look at. I understand I need to have the Claim ICN to proceed with the administrative review process.

☐ I disagree with a claim denial or payment amount. I have submitted this claim previously for Gainwell to look at.

☐ I need to understand where a member is on a coverage limit (like eyewear or dental).

☐ I need Gainwell to add/remove/update Other Insurance information on a member. I understand I need to have the member's Carrier information and may need to upload supporting documentation.

☐ I need help with the usage of the Portal, including login issues, password changes or managing delegate users. I understand I need to have User IDs and/or Delegate information.

Select Cancel

Secure Correspondence - Message Box

Back to My Home

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

- Benefit limit information that is not returned by the EVS or IHCP Portal, providers can contact the **Written Correspondence Unit** to research of a member's FFS claim history for a given service.
- The Secure Correspondence link allows users to send secure correspondence and attachments. (This option is available only to users with permission to perform this function.)

Dental Procedure Codes – Emergency Services Only



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Dental Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) and [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.*

For information about using these code tables, see the [Dental Services](#) provider reference module.

Table 1 – Dental Procedure Codes Allowed for Emergency Services Only (Package E and Package B) Members¹

Table 2 – Dental Procedure Codes That Do Not Qualify for Emergency Services Only

Table 1 in the [Dental Code Sets Module](#) lists the procedure codes allowed for member with Emergency Services Only (Package E and Package B).

Dental Claim Guidelines

The claim must be indicate that it was an **Emergency**:

- *On the ADA Dental claim form-* in field 2: enter the word **Emergency**.
- *On the IHCP Portal dental claim-* in Step 1: select the **Emergency** box to indicate that the claim is for an emergency.

Billing for Dental Services



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

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)

See the Dental Services Codes, accessible from the [Code Sets](#) :

- For a list of all procedure codes that require a tooth surface code for billing.
- For procedure codes, the IHCP requires that the tooth number (or letter) be entered in the service line.

Dental Benefit Limitations



Full Mouth Debridement

Limits:

- Limited to one treatment per 24 months per member
- Limited to one unit per date of service
- Cannot be performed within six months of prophylaxis (D1110, D1120), periodontal scaling and root planing (D4341, D4342), periodontal maintenance (D4910), or full-mouth scaling (D4346)

Codes:

- D4355

Periodontal Maintenance

Limits:

- Members 3 years of age and older.
- One periodontal maintenance service (D4910) every three months for the whole mouth.
- The periodontal maintenance (D4910) cannot occur within the same three-month period as a prophylaxis service (D1110 or D1120).

Codes:

- D4910



Periodontal Scaling or Root Planing

Periodontal charting is required to be submitted with the claim for these codes to support medical necessity

Limits:

- The IHCP covers periodontal scaling and root planing for members 3 years of age and older.
- For noninstitutionalized members 21 years old and older, the IHCP limits periodontal scaling and root planning to four units per lifetime.
- Providers can perform the service for all four quadrants on the same date of service.

**1 quadrant =
1 billing unit**

Codes:

- D4341 – four or more teeth per quadrant
- D4342 – one to three teeth per quadrant

Periodontal Charting Documentation

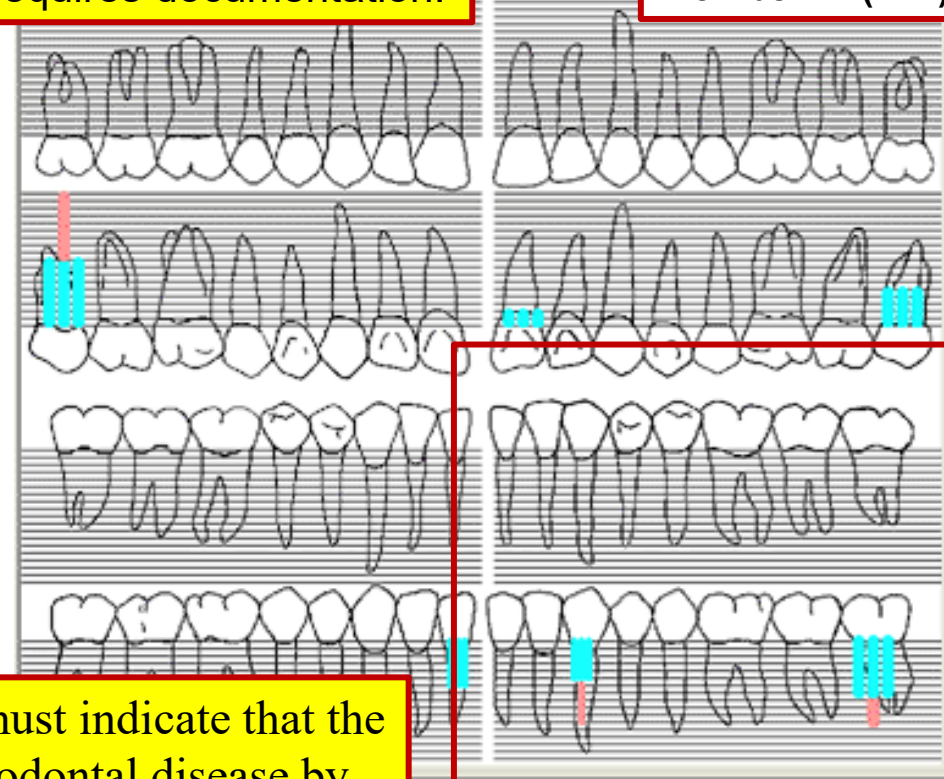


Periodontal scaling and root planing requires documentation.

Member ID (RID)

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 of the [Dental Services Module](#).

The attachment must also include the member's name.



Documentation must indicate that the member has periodontal disease by showing pocket markings

10/29/2024

The date of the scaling or root planing must be written on the periodontal chart next to the quadrant



Dental Code Sets and Fee Schedule

Dental Services Codes - Code Set



Provider References > Code Sets > View Provider Code Tables > Accept agreement>Dental Service Codes

The screenshot shows the 'Indiana Medicaid for Providers' website. The header includes a 'MENU' icon, the FSA logo, and a search bar labeled 'Search Providers'. Below the header, there are two main navigation buttons: 'Provider Enrollment' and 'Provider References', with the latter highlighted by a red box. A sidebar on the left lists various resources, with 'Code Sets' highlighted by a red box. The main content area is titled 'Code Sets' and features a search bar. Below this, a breadcrumb trail reads: 'INDIANA MEDICAID / INDIANA MEDICAID FOR PROVIDERS / BUSINESS TRANSACTIONS / BILLING AND REMITTANCE / CODE SETS'. The text states: 'The Indiana Health Coverage Programs (IHCP) provides a number of code tables for provider reference, including:' followed by a bulleted list: 'Codes necessary for billing and claim processing', 'Codes billable for certain types of services and by certain provider types or specialties ("code sets")', and 'Codes related to specific coverage policies for certain members and programs'. It also mentions: 'For further information and guidance related to the code tables, or for diagnosis, procedure and billing codes other than those appearing in these tables, see the IHCP [provider reference modules](#).' and 'Updates to the code tables are announced in [IHCP Bulletins](#).' At the bottom, a button labeled 'View Provider Code Tables' is highlighted with a red box. A yellow box in the bottom right corner contains the text: 'Service- and Provider-Specific Codes **Dental Services Codes**'.

Service- and Provider-Specific Codes
Dental Services Codes

Where to Find IHCP Fee Schedules



The screenshot shows the 'Indiana Medicaid for Providers' website. At the top, there's a green header with the 'IN.gov' logo and navigation links for Accessibility Settings, Language Translation, and Governor Mike Braun. Below the header is a search bar labeled 'Search Providers'. A row of icons represents various services: Provider Enrollment, Provider References, Provider Education, Business Transactions, Clinical Services, About IHCP Programs, and Contact Information. An 'IMPORTANT NOTICE' section follows, stating that the Indiana Health Coverage Programs are undergoing a period of high provider enrollment revalidation activity and encouraging providers to visit the 'Provider Enrollment Revalidation' webpage. Below this, there are two main sections: 'Provider Search' and 'Fee Schedules'. The 'Provider Search' section includes a 'Provider Locator' button and an 'OPR Search' button. The 'Fee Schedules' section includes a 'Professional Fee Schedule' button and an 'Outpatient Fee Schedule' button. A red arrow points from the 'Professional Fee Schedule' button to a red box containing the text 'View Professional Fee Schedule'.

Indiana Medicaid: Providers: IHCP Fee Schedules

Searching the Professional Fee Schedule



IHCP Professional Fee-For-Service Fee Schedule - Search

The Professional Fee Schedule can be searched by Procedure Code, Procedure Code Range, or Procedure Code Description. If the search returns more than 100 records, you will be asked to further refine your search criteria. Wild card searches using special characters are not used and will display an error message.

Procedure Code: Enter at least three characters of the Procedure Code to filter by specific Procedure Code. This search criteria cannot be used in combination with the Procedure Code Range criteria.

Procedure Code Range: Enter a beginning and ending five-character Procedure Code to obtain all Procedure Codes within a range. This search criteria cannot be used in combination with the Procedure Code criteria.

Procedure Code Description: Enter a text string to obtain records containing the entered text in either the short or long Procedure Code Description. This search criteria can be used in combination with the Procedure Code or the Procedure Code Range criteria.

Procedure Code:

Procedure Code Range: to

Procedure Code Description:

Providers may search the Professional Fee Schedule by procedure code, procedure code range, or procedure code description.

Procedure						Service			Pricing	Pricing		
Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Category Desc	Rate Type	Pricing Method	Effective Date	End Date	PA Req'd	Attach Req'd
D4910					DENTL	Dental	Def	MAXFEE	1/1/2024			
Min-Max Units	0 - 1				Fee Schedule Amt:	\$102.03		Base Units:	0	Age Min-Max:	3 - 999 Years	
Procedure Desc:		PERIODONTAL MAINT PROCEDURES					CMS Add Date:		1/1/1984	CMS Term Date:		



Submitting Dental Claims Via the IHCP Provider Healthcare Portal (IHCP Portal)

Advantages of Submitting Claims via the IHCP Provider Healthcare Portal



- Instructions for billing dental claims on the IHCP Portal can be found in the [Claim Submission and Processing](#) module.
- Providers receive *immediate* claim status: Payment, Denial or Pending in Process
- Remittance Advices (RAs) populate weekly under Search Payment History.
- Submitting claims is easy and efficient.
- Can upload electronic attachments.
- No additional forms to complete.
- Nothing to submit by mail



What to Know!



- Fields marked with an asterisk (*) are **required**.
- Claims must be submitted in a single session.
 - There is no option to save and come back later to complete the claim.
- Error notifications will highlight information that is not completed.
 - This information must be completed before the claim can be submitted.

Steps to adding the claim details on the IHCP Provider Healthcare Portal



Header Claim Level

Step 1:

- Provider and location information
- Member ID and Claim Information

Step 2:

- Other Insurance Information (if applicable)
- Claim Adjustment Details (Header)

Service Details Claim Level

Step 3:

- Service details
 - Procedure codes, date of service, place of service, charges
- Other Insurance Information (if applicable)
- Adjustment details
- Attachments
- Claim Notes

(Step 1)

Provider and Location Information



Provider Information

Requesting Provider Information

Billing Provider ID	<input type="text"/>	ID Type	NPI	Name
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name
Rendering Taxonomy	<input type="text"/>	ID Type	<input type="text"/>	Name
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 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 a provider is listed more than once, choose the entry without a taxonomy code, if available.

(Step 1)

Member ID and Claim Information



Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID

*Last Name

*First Name

Birth Date

Other Claim ID

Claim Information

General Claim Information Instructions

Emergency ☐

Accident Related

Accident Date

*Place of Treatment

*Patient Number

Special Program

Authorization Number

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

*Does the provider accept assignment for claim processing? ☒ Yes ☐ No

*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

Proceed to Step 2 for other insurance



Other Insurance Details Header Level

Step 2-
(Header Claim Level)

You can add, remove or edit information in the **Other Insurance Details** panel.

Click the **hyperlinked number** for the correct primary dental insurance.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	CARRIER 2	1001001	50000		-	Remove
2	CARRIER 3					

Click **Remove** to delete any unneeded carriers from the claim.

Click **[+]** to add new other insurance. After all information is entered, click **Add Insurance** to add the new carrier.

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

- 01-Spouse
- 18-Self
- 19-Child
- 20-Employee
- 21-Unknown
- 39-Organ Donor
- 40-Cadaver Donor
- 53-Life Partner
- G8-Other Relationship

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
---	--------------	------------	----------	--------------------------	-----------	--------

☐ Click to collapse.

*Carrier Name

*Policy Holder Last Name

Policy Holder Address

City

State

Zip Code

Country Code

*Carrier ID

*First Name

MI

*Relationship to Patient

Group ID

TPL/Medicare Paid Amount

Paid Date

*Claim Filing Code

Policy Name

Add Insurance

Cancel Insurance

Back to Step 1

The claim filing code for all dental claims is **CI**.

Paid amount on the **ENTIRE** claim. Does not have an * but is required for processing.



Adding Other Insurance Information - Header

Medicare carrier name can be Wisconsin Physician Services (WPS) or Medicare – carrier ID 08102. Medicare Advantage Plan and TPL (third-party liability) can be the name of the carrier.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.						
*Carrier Name		*Carrier ID				
*Policy Holder Last Name		*First Name		MI <input type="checkbox"/>		
Policy Holder Address						
City		State	ZIP Code	Country Code		
*Policy ID		SSN				
*Relationship to Patient		*Claim Filing Code				
Group ID		Policy Name				
TPL/Medicare Paid Amount		Paid Date				
Claim ID		Authorization Number				
Referral Number						
<input type="button" value="Add"/>		<input type="button" value="Cancel"/>				

- 01-Spouse
- 18-Self
- 19-Child
- 20-Employee
- 21-Unknown
- 39-Organ Donor
- 40-Cadaver Donor
- 53-Life Partner
- G8-Other Relationship

The claim filing code for all dental claims is **CI**.

Paid amount on the **ENTIRE** claim.
Does not have an * but is required for processing.



Step 2-
(Header Claim Level)

Claim Adjustment Details- Header

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 reason code.

#	Claim Adjustment G	PR – Patient responsibility.	Adjustment Amount	Units	Action
Click to collapse.					
* Claim Adjustment Group Code					
* Reason Code					
* Adjustment Amount					
Adjusted Units					
Add Cancel					
Save Cancel					
Click to add a new other insurance.					
Back to Step 1					
Continue Cancel					

1 – Deductible amount.
2 – Coinsurance amount.
3 – Copayment amount.
Or contractual obligation (CO) with the valid TPL ARC explanation.

Total claim adjustment amount

Claim adjustment details are not completed for TPL, unless there is an acceptable denial adjustment reason code.
Claim adjustment details ARE completed for Medicare and Medicare Advantage Plans.

Step 3:
(Service Line Details)

Service Code Details



Submit Dental Claim: Step 3 ?

* Indicates a required field.

Provider Information

Billing Provider ID	ID Type	NPI	Name
---------------------	---------	-----	------

Patient and Claim Information

Member ID	Gender	Total Charged Amount
Member Birth Date		\$0.00

[Expand All](#) | [Collapse All](#)

Service Details [-]

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

#	Service Date	Oral Cavity Area	Tooth Number	Procedure Code	Charge Amount	Units	Action	
<input type="checkbox"/> Click to collapse.								
	*Service Date <input type="text"/>	<div><div>Oral Cavity Area</div><div><div>Buccal</div><div>Distal</div><div>Facial</div><div>Incisal</div><div>Lingual</div><div>Mesial</div><div>Occlusal</div></div></div>	Tooth Number <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Tooth Surface <input type="text"/>			<input type="text"/>				
	*Procedure Code <input type="text"/>			<input type="text"/>				
	Charge Amount <input type="text"/>			<input type="text"/>				
	Other Fees <input type="text"/>			<input type="text"/>				
	Rendering Provider ID <input type="text"/>	ID Type <input type="text"/>		Rendering Taxonomy <input type="text"/>				
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>						

22-LOWER LEFT CANINE - CUSPID

24-LOWER LEFT CENTRAL INCISOR

0-LOWER LEFT CENTRAL INCISOR

19-LOWER LEFT FIRST MOLAR

21-LOWER LEFT FIRST PREMOLAR-1ST BICUSPID

L-LOWER LEFT FIRST PRIMARY MOLAR

N-LOWER LEFT LATERAL INCISOR

23-LOWER LEFT LATERAL INCISOR

M-LOWER LEFT PRIMARY CANINE - CUSPID

18-LOWER LEFT SECOND MOLAR

20-LOWER LEFT SECOND PREMOLAR-2ND BICUSPID

K-LOWER LEFT SECOND PRIMARY MOLAR

See the [Dental Services](#) module for information about Tooth Surface and Oral Cavity Area codes.

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

Other Insurance Information – Detail Level



Click the detail number under the # column to expand the Other Insurance for Service Detail.

Service Details

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

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
<u>1</u>	10/27/2016		D4341-PERIODONTAL SCALING & ROOT	\$120.00	1.00	Remove

Click to add service detail.

Service Details

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

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
<u>1</u>	07/19/2018		D4341-PERIODONTAL SCALING & ROOT	\$100.00	1.00	Remove

*Service Date

Tooth Number

Tooth Surface

*Procedure Code

Charge Amount *Units Line Item Control#

Rendering Provider ID ID Type Rendering Taxonomy

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
<input type="button" value="Collapse"/>				

Click to collapse.

*Other Carrier

*TPL/Medicare Paid Amount

*Paid Date

Primary amount paid for service detail line.

Clicking Add and Save collapses the Service Detail again.



Other Insurance Adjustment Information

Step 3
(Service Line Details –continued)

Enter the adjustment information:

- group code
- reason code
- Adjustment Amount (patient responsibility)

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	Units	Action
Click to collapse.					
<p>*Claim Adjustment Group Code <input type="text"/></p> <p>*Reason Code <input type="text"/></p> <p>*Adjustment Amount <input type="text"/> Adjusted Units <input type="text"/></p> <p>Add Cancel</p>					
<p>Save Cancel</p>					
Click to add a new other insurance.					

PR – Patient responsibility.

Adjustment amount is the patient responsibility or adjustment reason code (ARC) amount on the **ENTIRE** claim.

1 – Deductible amount.
2 – Coinsurance amount.
3 – Copayment amount.
Or contractual obligation (CO) with the valid TPL ARC explanation.

Click Add and Save.

Claim Attachments



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

The screenshot shows a web application interface for adding claim attachments. At the top, there's a header 'Attachments' with a minus sign. Below it, a instruction says 'Click the Remove link to remove the entire row.' A table with columns '#', 'Transmission Method', 'File', 'Control #', 'Attachment Type', and 'Action' is shown. A red box highlights a link that says 'Click to add attachment.' Below the table, there's a section for adding a new attachment. It includes a 'Transmission Method' dropdown set to 'FT-File Transfer', an 'Upload File' button with a 'Choose File' link and 'No file chosen' text, and an 'Attachment Type' dropdown menu. The dropdown menu is open, showing a list of options: 'B4-Referral Form', 'DA-Dental Models', 'DG-Diagnostic Report', 'EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)', 'EZ-Support Data for Claim', 'P6-Periodontal Charts', 'RB-Radiology Films', and 'RR-Radiology Reports'. A red box highlights the 'Add' button. Below the attachment section, there's a 'Claim Note Information' section with a table for notes, including a 'Remove' link and a 'Note Reference' column. A red box highlights the 'Remove' link.

The primary explanation of benefits (EOB) **is** required when the third-party liability (TPL) carrier has **DENIED** the service as noncovered.

The primary EOB **is not** required when the primary insurance **COVERS** the service and has made a **PAYMENT** on the claim with actual dollars received or the balance is applied to deductible, copayment or coinsurance.

Services that are **NONCOVERED** by the primary insurance are **NOT** filed as a secondary claim.

- If you plan to upload an attachment, be aware that the 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 are not allowed



Claim Note Information

The Claim Note Information panel is not required, but it can be used, if needed, to provide clarifying information about the claim as follows:

1. Select Additional Information from the Note Reference Code drop-down menu.
2. Enter any necessary information in the Note Text field.
3. Click Add to add the claim note.

(Dental claims submitted via the IHCP Portal or 837D transaction allow five claim notes at the header level.)

Only notes that impact the processing of the claim should be used – refer to the [Claim Submission and Processing Module](#) for acceptable claim notes.

****Claim notes may delay the processing of the claim.****

[Claims Submission and Processing](#) Module

Dental Claim Submission Confirmation

Other Insurance Details					
#	Carrier Name	Carrier ID	Group ID	TPI/Medicare Paid Amount	Paid Date
1				\$0.00	-

Service Details						
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units
1	08/15/2020	08/15/2020	12-Home	E0445-OKIMETER NON-INVASIVE	\$300.00	1.00 Unit

No Claim Codes exist for this claim

No Claim Codes exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) [Confirm](#) [Cancel](#)

After you click **Confirm** to submit the claim for processing, the IHCP Portal displays the Claim ID and current claim status.

Submit Dental Claim: Confirmation

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is PendingInProgress.
The Claim ID is 00000000000000.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **New** to submit a new claim.

[Print Preview](#) [Copy](#) [New](#)

Review the information and then select the appropriate option from the bottom of the page:

- If you discover that you need to edit the claim information, use the Back to Step buttons to navigate to the appropriate step and edit the desired information.
- Click **Print Preview** to print a copy of the claim information being submitted.
- Click **Cancel** if you decide not to submit the claim. When you choose to cancel the claim submission, data entered during the process will be lost and the claim data will not be submitted.
- If, after reviewing the information, you are ready to submit the claim, click Confirm.

Searching Claims via the IHCP Provider Portal



Search by **Claim ID**, **Member ID** or service dates.

Click + or the Claim ID to obtain the results of the claim.

INDIANA MEDICAID for Providers

My Home | Eligibility | Claims | Care Management | Resources | Switch Provider

Claims > Search Claims

Delegate for

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 07/01/2018 To 07/31/2018

Paid Date

Claim Status

Finalized Payment
Finalized Denied
Pending In Process

Search Reset

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 1

+/-	Claim ID	Claim Type	Claim Status	Service Date	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+		Dental	Finalized Payment	06/20/2018			\$50.33	07/04/2018	



Claim Adjustments



Edit, Copy, and Voiding Claims – Correcting or resubmitting claims via the IHCP Provider Portal (Claim Adjustments)

Adjustment Filing Limits

- The Claims Resolution and Adjustments Unit must receive the paid claim replacement request within 60 days of notification of the claim’s disposition. The date of notification is considered to be the date on the RA.
- Information on submitting a claim adjustment on the IHCP Portal can be found in the [Claims Adjustments](#) Module

Service Details						
#	Service Date	Tooth Number	Procedure Code	Charge Amount	Copay Amount	Units
1	06/20/2018		D0140-LIMIT ORAL EVAL PROBLM FOCUS	\$88.00		1.00
2	06/20/2018	19-LOWER LEFT FIRST MOLAR	D0220-INTRAORAL PERIAPICAL FIRST	\$35.00		1.00
Claim EOB Information						
Claim Adjustment Reason Code Information						
No Other Insurance Details exist for this claim						
No Attachments exist for this claim						
No Claim Notes exist for this claim						
No Adjudication Errors exist for this claim						
Edit				Copy	Void	Print Preview

A Void or Edit can only be done on a paid claim.

A denied claim can only be Copied.

Dental Contact Information



IHCP Quick Reference Guide - Contact Information

IHCP:

- Enrollment, TPL, Fraud, Waste, Abuse and Long-Term Care

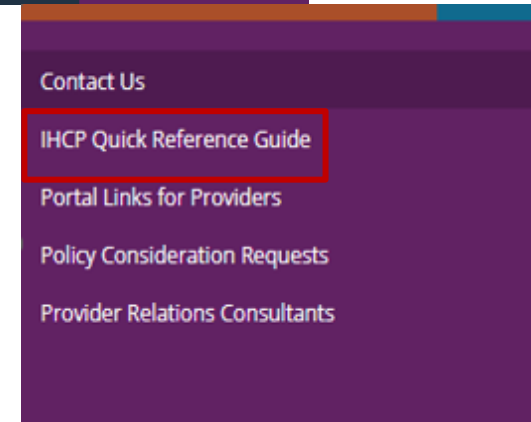
Fee-for-Service:

- Pharmacy, Non-Emergency Transportation, Electronic Data Interchange (EDI), and Claim Submissions

Managed Care:

- Provider Services, Prior Authorizations, Pharmacy, Dental Providers

Care Management- Right Choice Program (RCP)

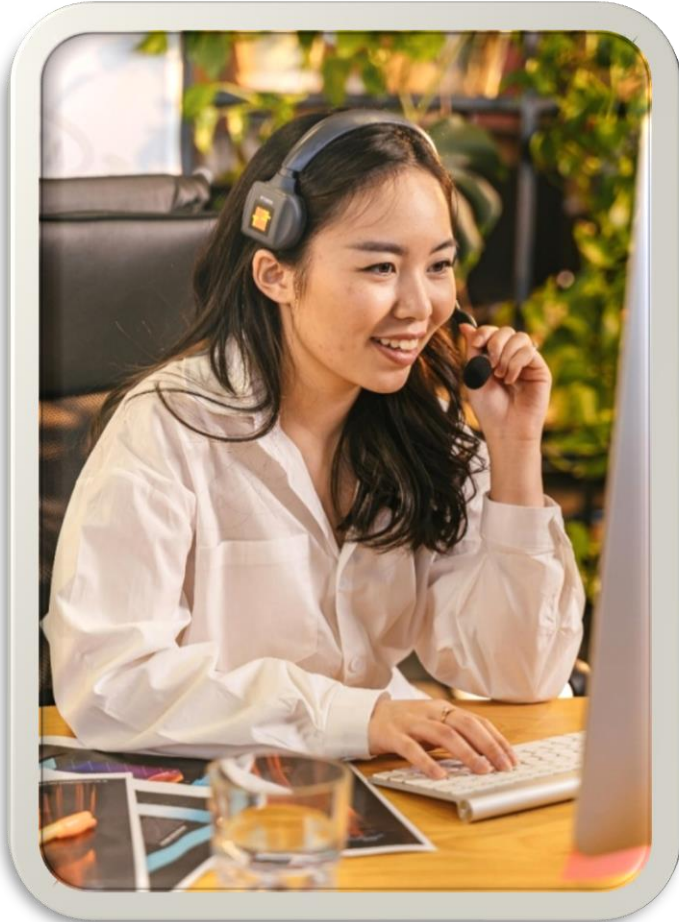


Note: Dental claims for members enrolled in managed care are the responsibility of the MCE with which the member is enrolled. Contact the appropriate entity for billing instructions and/or payer contractor.



Helpful Tools

Useful Information



[Indiana Medicaid for Providers website](#)

[IHCP Provider Reference Modules](#)

[IHCP Bulletins](#)

Sign up for [email notifications](#) to receive weekly summaries of new and updated bulletins, modules and other publications.

Customer Assistance

800-457-4584

8 a.m. - 6 p.m. Eastern Time Monday – Friday

[Provider Relations Consultants](#) by region

Secure Correspondence via the [IHCP Provider Healthcare Portal](#)

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

Provider Relations Consultants



Areas Covered	Consultant	Email	Telephone
Region 1 plus Chicago/Watseka, IL, and Sturgis, MI	Michelle Walls	INXIXRegion1@gainwelltechnologies.com	317-488-5071
Region 2 plus Danville, IL	Jill Harris	INXIXRegion2@gainwelltechnologies.com	317-488-5080
Region 3	Gabrielle Anderson	INXIXRegion3@gainwelltechnologies.com	317-488-5324
Region 4 plus Cincinnati/Harrison and Hamilton/Oxford, OH	Kassandra Johnson	INXIXRegion4@gainwelltechnologies.com	317-488-5153
Region 5	Jeannette Moore	INXIXRegion5@gainwelltechnologies.com	317-488-5186
Region 6	Emily Redman	INXIXRegion6@gainwelltechnologies.com	317-210-2618
Region 7 plus Louisville and Owensboro, KY	Tami Lott	INXIXRegion7@gainwelltechnologies.com	317-286-6894
All out-of-state providers except those in the previously listed cities	Judy Green	INXIX_OOS@gainwelltechnologies.com	317-488-5026



Questions

Thank you for attending!

By taking a few moments to complete the event and session evaluations, you help us understand your experience and shape the future of our programs.



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