



Dear Provider:

Use this form to select **one** of your billing provider locations to be the **default** location for all Indiana Health Coverage Programs (IHCP) claim processing. A National Provider Identifier (NPI) default location may be needed when an entity has multiple IHCP Provider IDs but only one NPI.

Providers should format their claims so the ZIP Code+4 and taxonomy code of the billing provider location appears in the appropriate area of the claim. If a formatting problem exists and cannot be remedied, it may be necessary to select a default location.

Complete this form to select the NPI **default** location. Please note that all claims billed with your NPI will default to the **one** location you choose.

Group providers must ensure that all their rendering practitioners are linked with the **default** location identified on this form.

### Impact of Choosing an NPI Default Location

If you have a Clinical Laboratory Improvement Amendments (CLIA) certification at any of your billing provider office locations, you must report only one CLIA number for your NPI default location. That CLIA number needs to be the highest level of certification you have been issued.

If your billing provider office location is included in the IHCP Right Choices Program, your default location must be added to the members' Right Choices lock-in table.

All claims submitted for payment with the NPI reported on this form will default to the one billing provider office location identified on this form.

### Instructions

- Do not use this form to register your NPI with the IHCP.
- Be sure to choose the IHCP Provider ID for only one billing office location.
- Please complete all areas of the form and sign the agreement using an authorized signatory.

### Restrictions

- The NPI default location is limited to claims transactions only, including National Council for Prescription Drug Programs (NCPDP) transactions.
- The default location will be used only if a one-to-one match cannot be obtained by the standard and progressive crosswalks.

### Mailing Instructions

Complete and sign this *IHCP NPI Default Agreement* and mail the agreement to the IHCP at the following address:

**IHCP Provider Enrollment**  
**P.O. Box 7263**  
**Indianapolis, IN 46207-7263**

### Application Processing

If the submitted document is not required, it will be returned with an instructional letter stating the reasons the request was not completed. Please allow at least 15 business days for mailing and processing before checking the status of the submitted provider document.

For additional information or help with completing the *IHCP NPI Default Form*, contact IHCP Provider Enrollment at 1-800-457-4584.



**NPI default Request due to crossover claim issues**

**Check provider classification: Billing Group or clinic**

1. Billing, group, or clinic IHCP Provider ID for default (This is the location where all claims for providers reported to the NPI listed in Box 2 will default for payment.)	2. <b>NPI</b> default billing, group, or clinic NPI
---	---

3. NPI default billing, group, or clinic name

4. NPI default billing provider office location address (must match the address on file for the IHCP Provider ID in Box 1)	5. City	6. State	7. ZIP + 4
--	---------	----------	------------

8. CLIA number (Please enter the highest level CLIA you have been issued for any of your locations.)

9. Contact name (person we can contact for questions regarding this request)	10. Contact telephone number
--	------------------------------

**Current rendering NPIs/Provider IDs to be associated with the default location**

Current rendering NPI	Current rendering Provider ID	Taxonomy code	Rendering provider name

**Please copy this form for additional rendering NPIs/Provider IDs.**



**Signature Authorization**

*The undersigned, being the provider or having the specific authority to bind the provider to the terms of the provider agreement, does hereby agree to abide by and comply with all the stipulations, conditions, and terms set forth herein. The undersigned acknowledges that the commission of any Indiana Health Coverage Programs-related offense, as set out in 42 USC 1320a-7b, may be punishable by a fine of up to \$25,000 or imprisonment of up to five years or both.*

**The owner, or an authorized representative of the business entity directly or ultimately responsible for operating the business enterprise, must complete and sign this section. A delegated administrator must not sign this form.**

By execution of this Agreement, the undersigned entity ("Provider") requests NPI default location.

Group or clinic's business name (please print)	Tax ID
Authorized official's name (please print)	Title
Authorized official's signature	Date

**This agreement must be completed, signed, and returned to the IHCP for processing.**