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## Caresource indiana provider manual

Welcome to CareSource Indiana CareSource Indiana page. Here you can download policies and procedures specific to both order providers and imaging features. Includes quick reference guides and FAQs. You can also use the RadMD website to view information to retrieve and verify permissions. If you have any questions about the NIA program, please contact your dedicated NIA Provider Relations Manager, Meghan Murphy. In addition to covid-19 effective 1/1/18 updates, MR, CT and PET management, pre-approval is required for the following heart procedures for care source OH replacement, Medicare, Medicare Advantage, ABD adult and MAGI members as well as care source KY, WV and IN exchanges. Myocardial Perfusion Imaging (MPI) MUGA Scan Echocardiopathy (Transthral and Transdermaral Echocardiopathy) Stress Echocardiopathy Note: The above cardiac procedure does not require prior approval for members of the Ohio CFC and ABD Kids and Indiana and Georgia Medicaid. RadMD User Reference Recorded General Training Record RadMD Demo Provider Manual is a resource for dealing with our health plan. Communicate policies and programs, outline important information such as claims filing and refund processes, approvals, and member benefits to make it easier for you to do business with us. To view this file, you need to download the Adobe Acrobat Reader.Dental Provider Manual Dental Provider Manual, which is a resource for our dental providers and acts as a link between your office and CareSource. Provide important information about the topic, such as eligible services, services that require pre-approval, and submission of claims. NavigateDental Provider Manual Updates & Announcements We continuously update information on a regular and as necessary, and the contents of the manual are subject to change without notice. On the Updates and Announcements page, post updates through network notifications. Check this Web page frequently to keep all updates up-to-date. If you have any questions or would like more information, please call our provider service at 1-844-607-2831. The Healthy Indiana Plan program provides affordable health insurance for low-income, disability-free adults ages 19 to 64. The HIP program offers four different plans: HIP Plus - HIP Plus members receive a full commercial benefit package that includes coverage of vision, dentistry and chiropractic services. HIP Basic - HIP Basic members have more limited benefit plans and most are rated self-paying for most services. HIP State Plan - Hip State Plan provides medically frail member access to comprehensive Indiana state planning services and includes cost-sharing responsibilities through POWER account contributions (HIP status plan - plus) or copayment (HIP status plan - basic) determined by member eligibility category and income level. HIP Maternity - HIP MaternityReceive a full coverage benefit package for their pregnancy and 2 months after childbirth. There are no financial contributions or copayments required. The plan enhances benefits such as transportation to health care benefits. The HIP program operates within the Managed Care Delivery System. In this delivery system, contracted managed care entities arrange, manage, and pay for medical services to members enrolled in health plans. The following four MCEs have contracted with Indiana to service the HIP population: The care of HIP members registered with AnthemCareSource Indiana Managed Health Services MDwiseMCE is managed through a network of leading healthcare providers, professionals, and other providers that contract directly with MCE. The provider must be registered with IHCP to receive a refund for the services provided to HIP members. (See the Become a Provider web page.) After successfully registering with the IHCP, the provider can contract with one or more MCEs to provide services to registered members. Refunds for all services except medicaid rehabilitation option services are provided through the MCE. This includes dental and pharmaceutical services. For more information or questions about hip health plans, please contact the MCE directly. For contact information, see the IHCP Quick Reference Guide. You'll see additional resources, but when you're done reading, click the Close corner button to close this alert. However, when you're done reading, click the close button in the corner to close this alert. For information about IHCP policies and procedures, including billing guidance, see the IHCP Provider Reference module for the topic covered. IHCP Provider Code Table Click Launch Provider Code Table on the Code Sets page of this Web site to view published code tables related to general billing and billing, billing for specific service or provider types, and specific coverage policies for specific benefits and programs. IHCP Companion Guide For information on electronic trading, please refer to hipaa version 5010. IHCP Companion Guide page. Health Policy Manual The Indiana Health Insurance Program (IHCP) Health Policy Manual contains information about Indiana's Medicaid policies. Please refer to the latest public manual from the link below. Policy changes that occur after the effective date will be announced on the Bulletins and banner pages of the IHCP provider. Health Policy Manual July 2.21, 2020 Version 2.21 Indiana Planned Medicaid is a state-controlled program in which states set their own guidelines on eligibility and services. To understand how Medicaid is implemented in Indiana, take a look at Indiana's plan. Health insurance can be complicated. We strive to make working at Anthem easier so that you can focus on providing excellent care to your patients. As part of that goal, we provide resources, including information, to support our relationship with us.As smooth as possible. The Provider Manual is a resource for dealing with our health plans. Communicate policies and programs, outline important information such as claims filing and refund processes, approvals, and member benefits to make it easier for you to do business with us. To view this file, you need to download the Adobe Acrobat Reader.Dental Provider Manual Dental Provider Manual, which is a resource for our dental providers and acts as a link between your office and CareSource. Provide important information about the topic, such as eligible services, services that require pre-approval, and submission of claims. NavigateDental Provider Manual Updates & Announcements We continuously update information on a regular and as necessary, and the contents of the manual are subject to change without notice. On the Updates and Announcements page, post updates through network notifications. Check this Web page frequently to keep all updates up-to-date. If you have any questions or would like more information, please call our provider service at 1-844-607-2831. Welcome to CareSource Indiana CareSource Indiana page. Here you can download policies and procedures specific to both order providers and imaging features. Includes quick reference guides and FAQs. You can also use the RadMD website to view information to retrieve and verify permissions. If you have any questions about the NIA program, please contact your dedicated NIA Provider Relations Manager, Meghan Murphy. 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