IHS/PRC FISCAL INTERMEDIARY

P.O Box 13509 ♦ Albuquerque, New Mexico 87192-3509

How to File IHS Claims

In order to have your claims processed timely, accurately and without delays, please review the following tips with your staff and post this flier.

1) Include the following documents when submitting claims to the FI:

- **Submit a Purchase Delivery Order (PDO)**
  - ü Patient's name on the PDO must be an exact match to name on claim.
  - ü Provider's EIN and billing address on PDO must be an exact match to claim.
  - ü If approved for paperless PDOs, write the PDO number on the claim as follows:
    - o Box 23 of a CMS-1500 form
    - o Box 63 of a CMS-1450 form
    - o Box 35 of an ADA form
- **Submit a Claim Form (CMS-1450, CMS-1500, ADA)**
  - ü All claims must be complete and legible. Missing, invalid, or illegible dates of service, codes, charges, bill type, and other claim information may result in payment delays.
  - ü Submit all related charges with the original PDO. Additional/late charges require that you contact the IHS Service Unit for a new PDO.
- **Submit a final (not interim denial), legible Explanation of Benefits from every insurance carrier (patient's insurance is indicated on PDO)**
  - ü Total charges on the EOB must match total charges on the claim.
  - ü Patient's name on the EOB must match patient's name on the claim.
  - ü The date(s) of service on the EOB must match the date(s) of service on the claim.
  - ü The denial/remark code descriptions are required by the FI. If they are missing or illegible, payment may be delayed until this information is received.
  - ü Provider must submit additional information to the carrier, the Service Unit, and/or the FI as required for denials.

2) Mail the packet to the address at the top of this form. **Do not fax claims** – faxed copies are often illegible, which may cause delays in processing.

3) Submit a W9 form with the claim if you have never filed a claim with the FI.