



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 Claim Form (CMS-1450, CMS-1500, ADA)**
 - ✓ If instructed by the Service Unit, please enclose a copy of the PDO.
 - ✓ Clearly write the Purchase Delivery Order (PDO) number [10 alphanumeric characters with no dashes or spaces] and the IHS Patient Health Record Number (HRN) [6 digits total with a leading zero] on the claim as follows:
 - CMS-1500 form: PDO# in Box 23 and HRN Box 1a
 - CMS-1450 form: PDO# in Box 63 and HRN in Box 80
 - ADA form: PDO# in Box 35
 - ✓ Patient's name on the claim must be an exact match to the name on the PDO.
 - ✓ Provider's EIN and billing address on the claim must be an exact match to the PDO.
 - ✓ 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.
 - ✓ Submit all related charges with the original PDO. Additional/late charges require that you contact the IHS Service Unit for a new PDO.
 - ✓ Submit one PDO per claim; i.e., if more than one PDO was given to you for different date spans, bill the dates on separate claims. Do not combine the charges on one claim and submit with multiple PDOs.
 - **Submit a final (not interim denial), legible Explanation of Benefits from every insurance carrier (patient's insurance is indicated on PDO)**
 - ✓ Total charges on the EOB must match total charges on the claim.
 - ✓ Patient's name on the EOB must match patient's name on the claim.
 - ✓ The date(s) of service on the EOB must match the date(s) of service on the claim.
 - ✓ 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.
 - ✓ 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.

If you have never filed a claim with the FI, you must submit a W-9 form with the claim.