

Progressive Care Network  
8930 Bash St. #G  
Indianapolis, IN 46256  
317-596-2805 phone  
317-596-2809 fax

## Progressive Care Network

### Referral and Billing Instructions

### DME and Infusion

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#### REFERRAL

- For Pre-Certification and insurance verification
  - A. Fax Patient Information to PCN # 596-2809 on Authorization request form located on web site
  - B. Include all demographic information
  - C. Insurance information with ID#, phone number (copy of card if legible)
  - D. Ordering Physician information
  - E. Diagnosis
  - G. HCPCS codes for all items
  - H. Supporting Documentation for requested service i.e. Physician order, CMN, SAT level, Sleep Study, Wound Measurements
  
- Contract listing located on web-site and in provider manual

#### BILLING INSTRUCTIONS FOR ALL ACCOUNTS:

1. SEND ALL CLAIMS TO: PCN 8930 Bash St. #G, Indianapolis, IN 46256

**OR**

2. Fax Claims to 317-596-3711. (preferred method)
3. Attach all EOB's to secondary claims
4. Bill all DME, Supplies, Infusion, on CMS 1500 forms.
5. Bill skilled services i.e. nursing, therapy, HHA, MSW on UB04
6. Itemize all claims.
7. Bill infusion claims for commercial accounts on CMS 1500 with appropriate HCPC code and units at AWP for medication. Per Diem at contract rate. (all supplies, flushes and dressing change kits are included in per diem) Nursing is billed separately.

8. Bill all diagnosis code to the furthestmost digit
9. Bill usual and customary pricing for all goods and services except as instructed for infusion
10. Submit invoices as quickly as possible – Filing limit is 55 days from date of service.
11. Co-Pays, Deductibles and Co-Insurance may not be pre-billed, or required prior to delivery of service.
12. Always inform patient of associated costs of therapy.
13. Indiana MDWise program members bill according to Medicaid guidelines with accompanying documentation
14. Medicare program members services bill according to Medicare guidelines with accompanying documentation

**BILLING INSTRUCTIONS FOR SENIOR SMART CHOICE:**

- 1. Bill on CMS 1500**
2. Medicare coding guidelines are required
3. Bill at retail
4. SSC IS NOT A MEDICARE SUPPLEMENT. IT IS TREATED AS A MEDICARE REPLACEMENT. (PATIENTS WITH THIS POLICY DO NOT LOSE THEIR MEDICARE THEY CHOSE TO HAVE THIS POLICY IN ADDITION TO THEIR MEDICARE.) REIMBURSEMENT IS 90% OF ALLOWABLE . THIS IS CONSIDERED PAYMENT IN FULL AND NO CO-PAY IS DUE FROM THE PATIENT.
5. Senior Smart Choice requires that Service Provider maintain a Medicare qualified chart kept on file for 10 years after termination of service.