

interChange Provider Important Message

Revised Provider Manual Chapters

Provider manual chapters are continually revised as program changes are implemented or clarifications are identified. The following chapters have recently been updated:

- Chapter 1 Introduction (*updated July 1, 2015*)
- Chapter 3 Provider Enrollment and Re-enrollment (*updated June 25, 2015*)
- Chapter 5 Claim Submission Information (*updated June 2, 2015*)
- Chapter 7 FQHC (*newly posted June 16, 2015*)
- Chapter 8 Clinical Services (*updated June 22, 2015*)
- Chapter 8 Dental/Dental FQHC Services (*updated June 26, 2015*)
- Chapter 8 Federally Qualified Health Centers - Medical and Behavioral Health (*newly posted June 16, 2015*)
- Chapter 8 Hospital (*updated June 24, 2015*)
- Chapter 8 Waiver Programs and Special Services (*updated June 25, 2015*)
- Chapter 10 Web Portal and Automated Voice Response System (AVRS) (*updated June 1, 2015*)
- Chapter 11 Dental Other Insurance Billing Guide (*updated July 1, 2015*)
- Chapter 11 Institutional Other Insurance/Medicare Billing Guide (*updated July 1, 2015*)
- Chapter 11 Professional Other Insurance/Medicare Billing Guide (*updated July 1, 2015*)

To download the latest version of these chapters: 1) Select Information and then 2) select Publications on this Web site. 3) To download Chapter 8, please select your provider type from the drop down box. 4) To download Chapter 11, please select the appropriate claim type from the drop down box.

*Please note that the Professional Services Manual is applicable to the following provider types: Board Certified Behavior Analyst, Chiropractor, Independent Clinical Laboratory, Independent Radiology, Naturopath, Nurse Practitioner, Nurse Midwife, Physician, Podiatrist, Independent Therapy Services, Medical Transportation, and Vision (including ophthalmologists, optometrists, and opticians).

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