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**Indiana Health Coverage Programs reminds providers of the 180-day timely filing limit for fee-for-service claims**

As announced in *Indiana Health Coverage Programs Bulletin BT201829*, effective January 1, 2019, the timely filing limit on claims for services rendered through the fee-for-service delivery system will be 180 calendar days from the date of service. The 180-day timely filing limit will apply to claims with DOS on or after January 1, 2019. For inpatient claims, the 180-day limit will be based on the member's date of discharge.

The 180-day filing limit will also apply to claims submitted to managed care entities by any provider not under contract with the MCE, for services the provider renders to members enrolled with the MCE. For providers contracted with MCEs, the 90-day filing limit will still apply.

The current one year timely filing limit will continue to apply to claims with DOS or dates of discharge on or before December 31, 2018. The circumstances to exclude, extend, or waive the timely filing limit remain unchanged. For details, please refer to *IHCP Bulletin BT201829*.

