

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202108 FEBRUARY 9, 2021

Certain denied claims may be resubmitted by March 31 for A&D HCBS case management services

As a follow-up to *Indiana Health Coverage Programs (IHCP) Bulletin [BT202025](#)*, the IHCP has decided to extend the timely filing limit to March 31, 2021, for certain Aged and Disabled (A&D) Home- and Community-Based Services (HCBS) and Traumatic Brain Injury (TBI) waiver services, with dates of service (DOS) on or after April 1, 2019. During April 2019, the Division of Aging (DA) implemented a new case management system, CaMSS. Following the system launch, claims billed with Healthcare Common Procedure Coding System (HCPCS) code T2022 – *Case management, per month* in combination with modifier U7 (waiver) may have denied incorrectly.



Providers may continue to resubmit claims billed with the HCPCS code T2022 and modifier U7 combination that previously denied with DOS on or after April 1, 2019, for reimbursement consideration. Claims resubmitted beyond the timely filing limit on 837 transactions or IHCP Provider Healthcare Portal submissions must include a claim note stating: “Bypass timely filing due to CaMSS defect.” If resubmitting a paper claim, a copy of this bulletin must be submitted as an attachment.

The IHCP is extending the timely filing limit (normally 180 days) to March 31, 2021, for claims with the code and modifier combination indicated above.

For information about claims and billing for HCBS waiver services, see the [Division of Aging Home- and Community-Based Services Waivers](#) provider reference module at in.gov/medicaid/providers.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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