

Electronic claim submission initiated for dually eligible members with no or exhausted Part A benefits

The Indiana Health Coverage Programs (IHCP) is updating the claim submission process for fee-for-service (FFS) members with both Medicare and Medicaid coverage (dually eligible members) without Medicare Part A or exhausted Medicare Part A benefits, as identified by the member's Medicare plan. The change is being made to allow for electronic claim submissions.

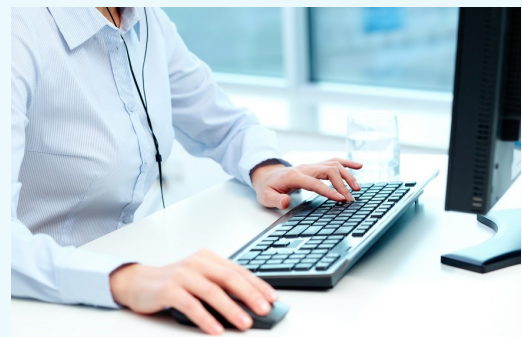
The updates apply to inpatient acute care services and include Medicare benefits without Part A or exhausted Part A prior to or during an inpatient stay. Benefits are exhausted when a member has used all their available benefit days for a given period. The reimbursement policies remain the same.

These submission guidelines are effective for FFS claims submitted on or after March 26, 2025. Additionally, inpatient claims submitted as of March 26, 2025, that have benefits exhausted prior to inpatient admission are considered crossover claims.

IHCP Provider Healthcare Portal (IHCP Portal) and electronic (837I) claims

IHCP Portal and electronic claim transactions for inpatient acute care services must be submitted with the following information, as applicable:

- Medicare Part A benefits exhausted without Medicare Part B benefits
 - ⇒ Adjustment reason code (ARC) 119 – *Benefit maximum for this time period or occurrence has been reached*
 - ⇒ Claim filing indicator of **MA**
 - ⇒ Medicare Part A paid amount = **0**
- Medicare Part A benefits exhausted with Medicare Part B benefits
 - ⇒ ARC 119
 - ⇒ Claim filing indicator of **MA**
 - ⇒ Medicare Part A paid amount = **0**
 - OR**
 - ⇒ Claim filing indicator of **MB**
 - ⇒ Medicare Part B paid amount
- No Medicare Part A benefits
 - ⇒ Claim filing indicator of **MB**
 - ⇒ Medicare Part B paid amount



The billing instructions included in the *Benefits Exhausted Prior to Inpatient Admission* subsection of the [Inpatient Hospital Services](#) provider reference module will no longer apply after March 26, 2025.

For more information

The information in this bulletin applies to FFS claims. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish reimbursement and billing criteria. Questions about managed care claims should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

