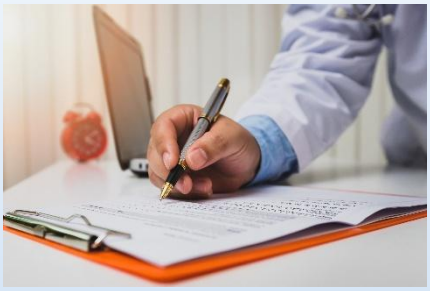
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026150 SEPTEMBER 10, 2026

IHCP to adjust CCBHC claims



The Indiana Health Coverage Programs (IHCP) will be adjusting claims for the following fee-for-service (FFS) claim-processing scenario related to certified community behavioral health clinic (CCBHC) providers:

As described in *IHCP Bulletin* BT2025136, crossover claims for Qualified Medicare Beneficiary (QMB)-only or Specified Low-Income Medicare Beneficiary coverage (SLMB)-only members billed to Medicare for CCBHC-rendered services, will cross over and be reimbursed according to Medicare payment logic. The IHCP will pay the Medicare coinsurance, copayment or deductible submitted on the crossover claims. A T1040 will not be required on such claims, whether they cross over automatically or are manually submitted.

Previously reimbursed claims will be adjusted to reflect the Medicare coinsurance, copayment or deductible amounts only.

For more information regarding billing CCBHC services for QMB and SLMB members, providers can refer to *IHCP Bulletins* BT202675 *and* BT2025136.

Providers can expect to see adjustments to FFS claims on remittance advices (RAs) beginning Oct. 14, 2026, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related).

QUESTIONS

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