

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT2026153

SEPTEMBER 24, 2026

IHCP to correct outpatient crossover claims with inappropriately denied services

The Indiana Health Coverage Programs (IHCP) has identified an issue with the fee-for-service (FFS) claim-processing system that may have caused procedure codes billed on institutional outpatient claims for dually eligible members (Medicaid and Medicare/Medicare Advantage Plan) to be denied inappropriately.

Procedure codes that the IHCP allows for the billing provider may have denied incorrectly with explanation of benefits (EOB) code 4801 – *Procedure code not covered for benefit plan* if they crossed over from Medicare or Medicare Advantage Plan to Medicaid on an outpatient claim that also includes a noncovered code.

The FFS claim-processing system has been corrected. Affected previously paid claims with dates of service (DOS) on or after **Oct. 7, 2024**, will be adjusted. Affected claims that were previously denied for DOS on or after **Oct. 7, 2024**, will be reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning immediately, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocess denied claims).

For more information

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



QUESTIONS

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

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