

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026171 OCTOBER 13, 2026

IHCP corrects claim processing for FQHC and RHC encounter billing of codes T1015 and D9999

The Indiana Health Coverage Programs (IHCP) has identified a fee-for-service (FFS) claim-processing issue affecting federally qualified health center (FQHC) and rural health clinic (RHC) claims where multiple encounters with different dates of service (DOS) are billed on the same claim.



As a reminder, multiple FQHC/RHC encounters provided on the **same** DOS are not reimbursable unless they have differing primary diagnoses and are billed on separate claims. Multiple FQHC/RHC encounters provided on **different** DOS may be billed on a single claim; however, in these situations, the all-inclusive medical encounter code T1015 or dental encounter code D9999 must be split apart and billed on separate detail lines for each DOS, even if the visits were on consecutive dates. Only one unit of T1015 or D9999 is allowed per detail line of the claim. Similarly, any other service on the claim that was provided during more than one of the encounter dates must also be split apart and billed on separate detail lines for each date the service was provided. Span dates are not allowable for any service details on an FQHC or RHC claim.

Additionally, for multiple visits on consecutive or different DOS, for each T1015 or D9999 detail, the claim must also include at least one valid encounter procedure code from the *FQHC-RHC Annual Encounter Code Listings for the same DOS* as the T1015/D9999 detail. The *FQHC-RHC Annual Encounter Code Listings* is available as a downloadable Excel file on the [Myers and Stauffer website](https://myersandstauffer.com) at myersandstauffer.com. The list is reviewed annually to account for new or end-dated procedure codes.

Table 1: Example of FQHC/RHC claim details for multiple visits with multiple DOS

Detail number	Procedure code	DOS	Units billed	Amount billed
1	T1015	Jan. 4, 2027	1	\$250.00
2	99214	Jan. 4, 2027	1	\$128.33
3	T1015	Jan. 5, 2027	1	\$250.00
4	99214	Jan. 5, 2027	1	\$128.33

FFS claim-processing system correction details

A review of the FFS claim-processing system identified circumstances in which claims containing multiple T1015 or D9999 encounter details for different DOS may not have been validated against a corresponding valid encounter code for each DOS billed. The IHCP is updating its FFS claim-processing logic to ensure these existing requirements are applied consistently. Effective for DOS on or after Jan. 1, 2027, FFS claim-processing will validate each T1015 or D9999 encounter detail on FQHC and RHC claims to ensure a corresponding valid encounter code is billed for the same DOS.

If a valid encounter code is not identified for the applicable DOS, the associated T1015 or D9999 all-inclusive encounter detail will be denied, and no reimbursement will be made for that DOS.

Denial examples

Tables 2 and 3 provide examples of medical and dental claim denials when the FQHC or RHC bills for procedure codes T1015 and D9999 for DOS on or after Jan. 1, 2027, and the claim does not include at least one valid encounter code from the Myers and Stauffer list for the same DOS.

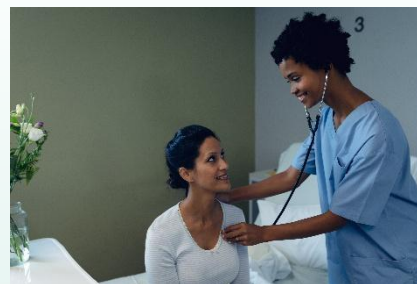
Table 2 – Example of medical claim results when the claim does not include at least one valid encounter code for each DOS

Claim detail	Procedure code	DOS	Claim result
Detail 1	T1015 – <i>Clinic visit/encounter, all-inclusive</i>	Jan. 4, 2027	This detail will pay the facility-specific all-inclusive rate.
Detail 2	99214 – <i>Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more</i>	Jan. 4, 2027	This detail will not be separately reimbursed due to FQHC/RHC reimbursement methodology, but it will trigger the payment of the T1015 for this DOS because it is a valid medical encounter code from the Myers and Stauffer list.
Detail 3	T1015 – <i>Clinic visit/encounter, all-inclusive</i>	Jan. 5, 2027	This detail will be denied because no valid medical encounter code from the Myers and Stauffer list is present for the same DOS.
Detail 4	80049 – <i>Basic metabolic panel</i>	Jan. 5, 2027	This detail will not be separately reimbursed and will not trigger payment of the T1015 for this DOS because it is not a valid medical encounter code from the Myers and Stauffer list.

Table 3 – Example of dental claim results when the claim does not include at least one valid encounter code for each DOS

Claim detail	Procedure code	DOS	Claim result
Detail 1	D9999 – <i>Unspecified adjunctive procedure, by report (dental encounter)</i>	Jan. 4, 2027	This detail will pay the facility-specific all-inclusive rate.
Detail 2	D0150 – <i>Comprehensive oral examination-new or established patient</i>	Jan. 4, 2027	This detail will not be separately reimbursed due to FQHC/RHC reimbursement methodology, but it will trigger the payment of the D9999 for this DOS because it is a valid dental encounter code from the Myers and Stauffer list.
Detail 3	D9999 – <i>Unspecified adjunctive procedure, by report (dental encounter)</i>	Jan. 6, 2027	This detail will be denied because no valid dental encounter code from the Myers and Stauffer list is present for the same DOS.
Detail 4	D7880 – <i>Occlusal orthotic appliance</i>	Jan. 6, 2027	This detail will not be separately reimbursed and will not trigger payment of the D9999 for this DOS because it is not a valid encounter code from the Myers and Stauffer list.

This update does **not** change existing IHCP billing policy, but merely adds systematic validation that current billing policy is being followed. Providers should continue to bill encounter services in accordance with current IHCP requirements and confirm before submission that each T1015 or D9999 detail is supported by at least one valid encounter code from the Myers and Stauffer list for the same DOS. This update aligns claim-processing logic with existing encounter billing requirements.



Managed care organizations (MCOs) must ensure that their systems are configured to accept claims with multiple T1015/D9999 with corresponding valid encounters for different DOS on a single claim by Jan. 1, 2027. As a reminder, MCOs **must not** deny the T1015/D9999 detail line if a corresponding valid encounter code is present for each T1015/D9999 for each DOS on a single claim. The MCO will pay the T1015/D9999 at zero dollars and pay all encounters that are covered on the IHCP fee schedule at the fee schedule rate.

The [Federally Qualified Health Centers and Rural Health Clinics](#) provider reference module will be updated to clarify these requirements.

QUESTIONS

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