

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP clarifies guidance for submitting FQHC/RHC claims with third-party liability

The Indiana Health Coverage Programs (IHCP) would like to remind federally qualified health centers (FQHCs) and rural health clinics (RHCs) about the requirements for submitting third-party liability (TPL) payment information on Medicaid fee-for-service (FFS) claims for members with other insurance coverage.

TPL information must be submitted at both the claim header level and the service detail level, and the detail-level amounts must total to the header amount submitted for each carrier. If the claim is submitted by mail (using the *CMS-1500* or *ADA 2012* claim form), rather than electronically, the detail-level TPL information must be submitted on the *IHCP Third-Party Liability (TPL)/Medicare Special Attachment Form*, available on the [Forms](#) webpage at in.gov/medicaid/providers.



When billing an FQHC or RHC encounter to Medicaid, the provider must enter the TPL dollars paid by the primary payer for all services provided with the encounter on the T1015 or D9999 code detail (on the Other Insurance for Service Detail panel of the IHCP Provider Healthcare Portal [IHCP Portal] – see [Figure 1](#)). The TPL payments should **not** be entered with the service details for the individual services provided during the encounter.

Example: A member receives ophthalmological services (procedure code 92012) at an FQHC. The FQHC first submits a claim for 92012 to the member's primary payer. After that claim is paid, the provider submits a claim to the IHCP for 92012 (billed at their usual and customary rate) along with the all-inclusive encounter code T1015 (billed at their facility-specific all-inclusive encounter rate), as shown in Table 1. **For the TPL information on the IHCP claim, the total amount paid by the other carrier must be entered at the claim header level and also at the service detail level, where it should be entered for the T1015 detail, not the 92012 detail**, as shown in Table 2.

Table 1 – Example of service details for an FQHC/RHC encounter claim billed to the IHCP

Claim Detail	From Date of Service	Through Date of Service	Procedure Code	Billed Amount
1	4/1/2026	4/1/2026	T1015	\$300.00
2	4/1/2026	4/1/2026	92012	\$46.04

Table 2 – Example of detail-level TPL payment information for the claim in Table 1

Detail #	Payer #	Payer ID	Payer Name	Paid Amount	Paid Date
1	1	XXXXX	Commercial Insurance	\$25.00	4/2/2026

FQHC/RHC claims submitted with TPL payments listed with the details for the services provided during the encounter (rather than with the T1015/D9999 detail) may cause provider recoupments.

Figure 1 – Service Details and Other Insurance for Service Detail panels in the IHCP Portal

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
Click to collapse.							
*From Date 10/1/2026		To Date 10/1/2026		*Place of Service 50-Federally Qualified Health Center			
*Procedure Code T1015-CLINIC SERVICE				*Diagnosis Pointers			
Modifiers							
Charge Amount 300.00		*Units 1		*Unit Type Unit		EPSDT ☐ Family Plan ☐ EMG ☐	
Rendering Provider ID		ID Type		Rendering Taxonomy			
Line Item Control#							

NDC for Service Detail

Note for Service Detail

Add

Cancel

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.				
*Other Carrier XXXXX				
*TPL/Medicare Paid Amount \$25.00		*Paid Date		

Add

Cancel

Save

Cancel

Please reach out to your [Provider Relations consultant](#) with any FFS-related questions.

Questions about managed care billing and reimbursement should be directed to the managed care organization (MCO) with which the member is enrolled.

QUESTIONS

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

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