

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP issues further assertive community treatment billing guidance for CCBHC providers

In *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2025136](#), the IHCP announced updates to the billing guidelines for assertive community treatment (ACT) services when billed by a certified community behavioral health clinic (CCBHC). These updates went into effect **Feb. 1, 2026**.

This bulletin issues additional ACT service and billing guidance for CCBHCs participating in Indiana's CCBHC Medicaid Demonstration Program. This guidance provides information on how ACT should be implemented and operationalized under the CCBHC model in Indiana to ensure that providers meet service expectations and billing requirements.

ACT means treatment provided by a multidisciplinary team that is responsible for the direct provision of community-based psychiatric treatment, assertive outreach, rehabilitation and support services to an adult population with serious mental illness (SMI) that also has co-occurring problems or multiple hospitalizations and meets the eligibility criteria.



Allowable services

ACT teams are expected to deliver services in accordance with the ACT model of care. The ACT model of care is an evidence-based, mobile, multidisciplinary team approach to mental healthcare. All ACT services must meet the requirements and parameters of the applicable encounter codes and must fall within the scope of the ACT model.

ACT teams must meet regularly to discuss the services rendered, scheduled services and progress of individuals receiving ACT services to fulfill the service standard.

All services rendered by ACT teams must align with and remain within the scope of the ACT model of care.

Eligibility for individuals receiving services

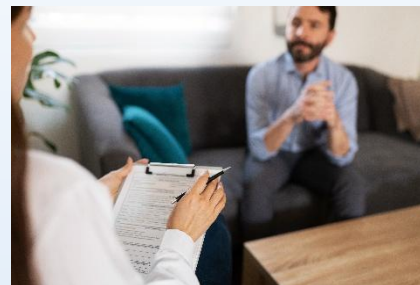
ACT serves individuals over the age of 18 who have an SMI that severely impairs their functioning in community living. These individuals often struggle with traditional outpatient clinic settings or experience frequent psychiatric hospitalizations.

Providers eligible to render services

This multidisciplinary team typically includes psychiatrists, nurses, social workers, mental health counselors, substance use specialists, vocational specialists and peer support specialists. All ACT team providers must solely render services that they are permitted to provide within their scope of practice and in accordance with CCBHC requirements.

Prior authorization and billing guidelines

Prior authorization (PA) requirements for encounters provided by ACT teams will continue to function as they previously have for CCBHCs, where all individuals receiving services at a CCBHC are eligible for the units allowed by the level of need (LON) 4 package. When ACT-eligible individuals run out of units, the ACT team must request PA and provide evidence of medical necessity.



ACT services are supported only when they are provided by a state-designated CCBHC via their ACT team; all CCBHC services must follow CCBHC-specific billing guidance.

ACT billing guidance is summarized as follows:

- ACT services are permitted to be rendered by ACT teams following the requirements of the CCBHC program.
- ACT services should be billed using the appropriate procedure codes specific to each service provided by the ACT team, along with the V4 modifier (used in place of the Q2 modifier).
 - ⇒ The V4 modifier must be reported only on services rendered by a member of an ACT team and should not be used for any other claim line detail.
 - ⇒ To be eligible for a prospective payment system (PPS) payment, the claim must include at least one “triggerable” service from the [CCBHC valid encounter code list](#) at [myersandstauffer.com](#)
 - ⇒ Procedure code H0039 – *Assertive community treatment, face-to-face, per 15 minutes* is a nontriggerable code that can be used if the ACT team provides an ACT-eligible individual with a service that does not align with any existing CCBHC encounter codes.

Note: H0039 will not render a prospective payment system (PPS) payment.

- All CCBHC claims are required to be submitted with the T1040 encounter code.

Reminder to CCBHC providers

For any CCBHC services that are rendered by interns or practitioners that are completing their clinical hours, and therefore must be billed under a supervising practitioner’s National Provider Identifier (NPI), **do not** include the HL or HE modifier on the claim. Make sure that information identifying the intern or other nonenrolled practitioner who actually rendered the service is appropriately documented in the patient’s chart.

For more information

Please email any questions related to CCBHC ACT billing guidance to CCBHCQuestions@fssa.in.gov.

For more information about the CCBHCs, see the [Certified Community Behavioral Health Clinics](#) webpage at in.gov/fssa/dmha.

QUESTIONS

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