

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202629 MARCH 3, 2026

IHCP presents status of claim-processing payment of impacted CCBHC claims

The Indiana Health Coverage Programs (IHCP) is aware of claim-processing issues stemming from a system implementation on Jan. 28, 2026, for certified community behavioral health clinics (CCBHCs).

Claim issues from this implementation have impacted CCBHC and non-CCBHC providers, such as Medicaid Rehabilitation Option (MRO) and waiver provider types.

Table 1 provides an outline of the processing issues identified, impacts and current status.



Table 1 – CCBHC claim-processing issues, impact and status

Issue	Impact	Issue status	Claim status
Claims were suspending for explanation of benefits (EOB) code 6355 – <i>CCBHC is limited to once per day, same or different provider.</i>	This audit was not allowing claims to process for submissions 2/1/2026–2/5/2026.	Corrected 2/5/2026	Claims were reprocessed and appeared on remittance advices (RAs) dated 2/11/2026.
CCBHC and non-CCBHC claims submitted were suspending for EOB codes: 2502 – <i>This member is covered by Medicare Part B or Medicare D; therefore, you must first file claims with Medicare. If already submitted to Medicare, please submit your EOMB.</i> 2504 – <i>This member is covered by private insurance which must be billed prior to Medicaid.</i>	Claims suspended when members had Medicare or private insurance. These impacted claims adjudicated 1/29/2026–1/30/2026.	Corrected 1/30/2026	Claims were reprocessed and appeared on RAs dated 2/11/2026.
Non-CCBHC claims were denying for EOB code 2502 – <i>This member is covered by Medicare Part B or Medicare D; therefore, you must first file claims with Medicare. If already submitted to Medicare, please submit your EOMB.</i>	Non-CCBHC claims denied incorrectly when a member had Medicare and was receiving waiver services for claims adjudicated 1/28/2026–1/31/2026.	Corrected 1/31/2026	Claims were reprocessed and appeared on RAs dated 2/11/2026.
CCBHC claims were denying related to CCBHC rates on the triggerable service detail. These claims denied with EOB code 6096 – <i>The CPT/HCPCS code billed is not payable according to the PPS reimbursement methodology.</i>	CCBHC claims adjudicated 1/28/2026–2/5/2026 denied incorrectly due to the addition of a rate type.	Corrected 2/4/2026	Claims were reprocessed and appeared on RAs dated 2/18/2026.

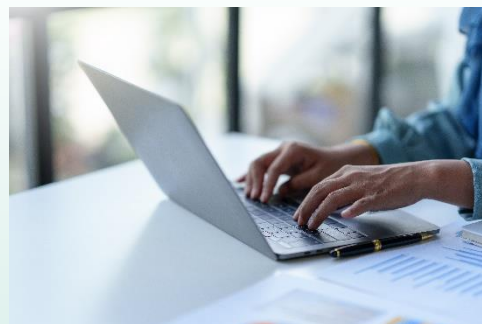
Table 1 – CCBHC claim-processing issues, impact and status

Issue	Impact	Issue status	Claim status
Non-CCBHC waiver claims were denying incorrectly for EOB code 2504 – <i>This member is covered by private insurance which must be billed prior to Medicaid.</i>	Claims were denied incorrectly when a member had private insurance with a coverage type of major medical for claims adjudicated 1/29/2026–2/5/2026.	Corrected 2/5/2026	Claims were reprocessed and appeared on RAs dated 2/18/2026.
CCBHC services are denying for EOB code 2017 – <i>The member is enrolled in risk based managed care. Please submit to appropriate risk based managed care processor.</i>	Claims are denying when a member is enrolled with a managed care entity (MCE) in error for CCBHC claims. This is an existing issue that is actively being worked. Claims adjudicated after 1/28/2026 regardless of DOS.	In process	Claims will be reprocessed.
CCBHC and non-CCBHC claims were not applying the third-party liability (TPL) amount	Claims were not appropriately applying the TPL amount. Claims adjudicated after 1/28/2026 regardless of DOS.	Corrected 2/12/2026	Claims were reprocessed and appeared on RAs dated 2/25/2026.
CCBHC claims were denying for EOB codes: 4218 – <i>Service billed is not allowed on this claim type</i> 3930 – <i>Payment is not allowed for the rendering or billing provider type/specialty performing the service.</i>	Claims incorrectly denied procedure code T1040 for EOBs 4218 and 3930. Claims adjudicated after 1/28/2026 regardless of DOS.	Corrected 1/29/2026	Claims were reprocessed and appeared on RAs dated 2/25/2026.
Non-CCBHC claims with procedure code T1007	Procedure code T1007 was incorrectly added to a telemedicine group.	Corrected 2/19/2026	No claims were impacted.
CCBHC claim details for triggerable services were denying for EOB code 6096 – <i>The CPT/HCPCS code billed is not payable according to the PPS reimbursement methodology.</i>	Claims for DOS 2/1/2026–2/11/2026, for CCBHC providers denied in error.	Corrected 2/11/2026	Claims were reprocessed and appeared on RAs dated 2/25/2026.
CCBHC claims were denying for EOB code 0268 – <i>The billed amount is missing- please provide and resubmit.</i>	Claims for DOS 2/1/2026–2/11/2026 were denied in error.	Corrected 2/11/2026	Claims were reprocessed and appeared on RAs dated 2/25/2026.
CCBHC physician claims for procedure code T1017 were processed incorrectly.	Claims for DOS 2/1/2026–2/14/2026, for procedure code T1017 processed incorrectly.	Corrected 2/14/2026	Claims will be reprocessed/ adjusted.
CCBHC paying incorrectly when providers bill modifier 93.	Claims for DOS 2/1/2026 to current	In process	Claim impact is being determined.

As issues have been resolved, claims have been reprocessed or adjusted, as applicable. No action from providers is required. Thank you for your patience in this matter.

Additional publications will be forthcoming as remaining open issues are corrected.

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



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