

IHCP *bulletin*

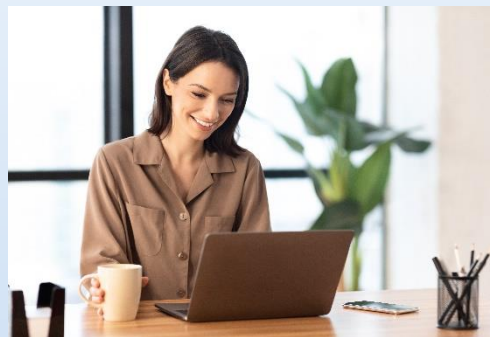
INDIANA HEALTH COVERAGE PROGRAMS BT202682 MAY 26, 2026

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

The Indiana Health Coverage Programs (IHCP) previously announced information about claim-processing issues stemming from a system implementation on Jan. 28, 2026, for certified community behavioral health clinics (CCBHCs). See *IHCP Bulletins* [BT202629](#), [BT202633](#), [BT202637](#), [BT202645](#), [BT202650](#), [BT202656](#), [BT202661](#), [BT202671](#) and [BT202676](#).

Updates are in process for the following issues:

- Claims are incorrectly denying for explanation of benefits (EOB) code 2505 – *This member is covered by private insurance which must be billed prior to Medicaid*. The denials are due to the following circumstance:
 - ⇒ A claim attachment or note is submitted, but no third-party liability (TPL) payment information is submitted on the claim. This issue has been corrected and claims have been reprocessed and will appear on remittance advice dated May 27, 2026.
- Crossover physician claims (non-Qualifying Medicare Beneficiary [QMB]) are denying for EOB code 4801 – *Procedure code not covered for benefit plan*.
- Claims are suspending for EOB code 2505 – *This member is covered by private insurance which must be billed prior to Medicaid*. The claims will be released for processing upon completion of the system correction.



The remaining items are actively being worked, and the IHCP will provide continuing updates as system changes are completed. Providers do not need to resubmit claims.

Additional publications will be forthcoming, pending any additional issues identified or resolved.

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