

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202689    JUNE 4, 2026

## CCBHC providers can view MRO benefit limit information through the IHCP Portal

As stated in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2024210](#), members do not need to have a Medicaid Rehabilitation Option (MRO) service package assignment to receive MRO services from a certified community behavioral health clinic (CCBHC). All IHCP members with full Medicaid benefits, including members enrolled in a managed care program, are eligible for coverage of MRO services equivalent to those available under the adult or child level-of-need (LON) 4 MRO service package, when those services are provided by an IHCP-enrolled CCBHC. CCBHC providers only need to request prior authorization (PA) for MRO service units above and beyond the unit thresholds in the LON 4 MRO service package.



Providers should always verify member eligibility before rendering services on any given date. Eligibility verification can be performed through the [IHCP Provider Healthcare Portal](#) (IHCP Portal), accessible from homepage of the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

When verifying eligibility, CCBHCs can follow the instructions provided in this bulletin to view an individual's benefit limit information for MRO services – including the number of units of a particular service the member has exhausted within the current benefit period and the number of units remaining (based on LON-4 thresholds).

**Note:** *Community mental health centers (CMHCs) that are not also enrolled as a CCBHC should continue to follow the instructions in the [Medicaid Rehabilitation Option Services](#) provider reference module to verify eligibility and determine benefit limit information for MRO services. The procedures in this bulletin are specific to MRO services provided and billed by an IHCP-enrolled CCBHC.*

After logging in to the IHCP Portal, selecting Eligibility from the menu bar, and entering the required information, providers will see coverage details for the member, such as the example shown in [Figure 1](#).

Figure 1 – Eligibility Verification Information – Coverage Details

Coverage Details for Xxxxxxx Xxxxxxxx from 07/22/2026 to 07/22/2026			
Member ID		Birth Date	
<a href="#">Expand All</a>   <a href="#">Collapse All</a>			
Verification Response ID			
<b>Benefit Details</b> <span style="float: right;">-</span>			
Coverage	Description	Effective Date	End Date
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/22/2026	07/22/2026
Coverage	Description and Copayment Message	Copay Amount	
Full Medicaid	Chiropractic - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Medical Care - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Urgent Care - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Mental Health - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Vision (Optometry) - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Professional (Physician) Visit - Office - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Emergency Services - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Hospital - Inpatient - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Dental Care - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Hospital - Copay is not applicable to this type of service.	\$0.00	
Full Medicaid	Medically Related Transportation - The copay amount for transportation services will range from \$0.50 to \$2.00 based on the allowed amount for the procedure code. Please see the IHCP provider reference modules for more details.	\$0.00	
Full Medicaid	Hospital - Outpatient - Copay applies only to non-emergency services.	\$0.00	
Full Medicaid	Pharmacy - The copay for Pharmacy services is \$3.00 for legend and non legend drugs and insulin for each covered drug dispense. Please refer to the Pharmacy Reference module for additional information on copay exemptions.	\$0.00	
<b>Limit Details</b> <span style="float: right;">+</span>			
<b>Managed Care Assignment Details</b> <span style="float: right;">+</span>			
<b>Other Insurance Details</b> <span style="float: right;">+</span>			

For members with active IHCP coverage on the date being checked, the *Benefit Details* panel lists the member’s benefit plans. The Medicaid Rehabilitation Option benefit plan does **not** need to be listed for CCBHC reimbursement of MRO services. Members with any of the following benefit plans listed under “Coverage” are eligible to receive MRO services from a CCBHC:

- Full Medicaid
- Package A – Standard Plan
- Package C – Children’s Health Plan
- HIP State Plan
- HIP Maternity

To view the member’s benefit limit information, including for CCBHC-based MRO services, click the plus sign (+) to expand the *Limit Details* panel shown in [Figure 2](#).

Figure 2 – Limit Details

Limit Details <span style="float: right;">-</span>		
The Dollar Limits and Service Limits may not reflect recent claims.		
Service Limits	Limit	Remaining
6358 CCBHC MRO LON Redetermination Limit 1 Unit	1	-
6359 CCBHC MRO Addiction Counseling Limited to 32	32	16
6370 CCBHC MRO Case Mgt Limited to 300 units	300	294
6371 CCBHC MRO Skills Training Limited to 750 unit	750	463

If any CCBHC claims have been paid for LON-4 MRO services provided to the member within the 180 days prior to the date being checked, the applicable service limit will be displayed in the *Limit Details* panel as follows:

- 6358 CCBHC MRO LON Redetermination Limit 1 unit
- 6359 CCBHC MRO Addiction Counseling Limited to 32 units
- 6361 CCBHC MRO Behav Health Therapy (Ind) Ltd 48 units
- 6365 CCBHC MRO Behav Health Therapy (Group) Ltd 60 units
- 6366 CCBHC MRO Med Training/Support Limited to 104 units
- 6368 CCBHC MRO CAIRS Limited to 252 units
- 6369 CCBHC MRO AIRS Limited to 270 units
- 6370 CCBHC MRO Case Mgt Limited to 300 units
- 6371 CCBHC MRO Skills Training Limited to 750 units
- 6378 CCBHC MRO Psychosocial Rehab Limited to 1820 units

For each service limit displayed, the panel will also show the number of units allowable per benefit period and the number of units remaining. When the unit limit is reached, claims for units exceeding the limit for that benefit period will deny unless PA has been obtained for them.

**Reminder:** As clarified in IHCP Bulletin [BT202675](#), MRO service unit thresholds are based on a 180-day benefit period. When a CCBHC submits a claim for an MRO service, the claim-processing system looks back through the 180 rolling calendar days prior to the current claim’s date of service (DOS) to determine the number of units of that same service the member has already exhausted.

See the [Member Eligibility and Benefit Coverage](#) provider reference module for general information about the eligibility verification process, including step-by-step instructions for verifying eligibility on the IHCP Portal and alternative eligibility verification options (electronic transactions or virtual phone assistant).

**QUESTIONS**

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