

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202695 JUNE 4, 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](#), [BT202676](#) and [BT202682](#).



Updates are in process for the following issues:

- Crossover physician claims (non-Qualifying Medicare Beneficiary [QMB]) are denying for explanation of benefits (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.
- As previously announced in *IHCP Bulletins* [BT2025136](#) and [BT202675](#), procedure codes T1007 – *Alcohol and/or substance abuse services, treatment plan development and/or modification* and T1016 – *Case Management* are not authorized as audio-only telehealth. If modifier 93 – *Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system* is included for T1016 or T1007, for dates of service (DOS) on or after **Feb. 1, 2026**, those claims will deny. [BT2025136](#) and [BT202675](#) incorrectly listed EOB code 4286. The correct EOB code is 6768 – *Services not covered for telemedicine services*.

This edit should have applied retroactively to Jan. 1, 2025. Effective June 5, 2026, retroactive to DOS on or after **Jan. 1, 2025**, claims with T1007 or T1016 and modifier 93 will deny for EOB code 6768. Claims that previously paid will be mass adjusted or recouped. Additional communication will be issued regarding when those adjustments will begin.

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.

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

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