

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202025 MARCH 24, 2020

Certain denied claims may be resubmitted by May 31 for A&D HCBS case management services

As a follow-up to *Indiana Health Coverage Programs (IHCP) Bulletin [BT201975](#)*, the IHCP has decided to extend the timely filing limit to May 31, 2020, for certain claims for Aged and Disabled (A&D) Home and Community-Based Services (HCBS), with dates of service (DOS) on or after **January 1, 2019**. During April 2019, the Division of Aging (DA) implemented a new case management system, CaMSS. Following the system launch, claims billed with Healthcare Common Procedure Coding System (HCPCS) code T2022 – *Case management, per month* in combination with modifier U7 (waiver) may have denied incorrectly.



Providers may continue to resubmit claims billed with the HCPCS code T2022 and modifier U7 combination that previously denied with DOS on or after January 1, 2019, for reimbursement consideration. Claims resubmitted beyond the timely filing limit must include a copy of this bulletin as an attachment.

The IHCP is extending the timely filing limit (normally 180 days) to May 31, 2020, for claims with the code and modifier combination indicated above.

Note: For information about claims and billing for HCBS waiver services, see the [Division of Aging Home and Community-Based Services Waivers](#) provider reference module at in.gov/medicaid/providers.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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