

IHCP announces CCBHC program updates and reminders

In *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2024193](#), the IHCP announced the Certified Community Behavioral Health Clinic (CCBHC) Pilot Program, effective Jan. 1, 2025. This bulletin announces additional updates to the CCBHC program, which are being implemented effective Oct. 30, 2025, unless otherwise noted.

As a reminder, CCBHC claims are required to be reported with procedure code T1040 – *Medicaid certified community behavioral health clinic services, per diem*. In addition, the claim must include procedure codes for all services provided during the encounter, billed with the appropriate modifier. For the claim to be reimbursable, it must include at least one “triggerable” code from the [CCBHC valid encounter code list](#) at [myersandstauffer.com](#).



CCBHC encounter services to be paid at zero dollars

CCBHC encounter services will no longer deny with explanation of benefits (EOB) code 4283 – *CCBHC encounter service paid with T1040*. Instead, encounter services that are billed along with the T1040 will now be in a paid status at zero dollars. This change will be reflected on provider remittance advices (RAs) and the 835 transactions.

There must be a paid encounter service for the T1040 to pay at the prospective payment system (PPS) rate.

CCBHC encounter code requirements

The following will be enforced for CCBHC claims:

- Claims billed that do not have a valid CCBHC encounter code for the same date of service as the T1040 code will deny with EOB code 4284 – *No valid CCBHC encounter on same DOS*.
- Claims submitted with span dates of service will deny with EOB code 4285 – *Different FDOS TDOS for CCBHC service*.

New EOB for CCBHC claims without the T1040 code

As a reminder, CCBHC claims are required to be reported with procedure code T1040. The IHCP has implemented a new EOB code for CCBHC claims submitted without the T1040 procedure code. Retroactive to dates of service on or after **Jan. 1, 2025**, CCBHC claims reported without procedure code T1040 will deny with EOB code 4288 – *T1040 not billed on CCBHC claim*.

CMHC and CCBHC services

Community mental health clinic (CMHC) services and CCBHC services are not authorized to be billed for the same procedure code and date of service.

CMHC claims will deny as follows, when the service billed is the same as a service billed by a CCBHC for the same member on the same day:

- If the CMHC claim is submitted after a CCBHC claim for the same service has been paid, the CMHC claim detail for that service will be denied with EOB code 6356 – *Service not allowed same DOS as CCBHC*.
- If the CMHC claim has already been paid prior to a CCBHC claim being submitted for the same service, the CMHC claim detail previously paid will be recouped with EOB code 6357 – *Service not allowed same DOS as CCBHC recoup*.



Exception: In limited circumstances, it may be appropriate for Medicaid Rehabilitation Option (MRO) services to be provided separately by both a CMHC and a CCBHC. Such circumstances are limited to the following:

- When a member receives CCBHC MRO services on the member's LON package on a particular day and has a crisis event in another location on that same day and receives MRO at the CMHC in that location
- When a member receives school-based MRO services outside of the CCBHC designated service area on the same day that they receive MRO services at the CCBHC

In these circumstances, the CMHC may bill the MRO services with modifier XE – *Separate encounter, a service that is distinct because it occurred during a separate encounter*. **CMHCs should NOT use the XE modifier for any other reason.** MRO services provided in both the CMHC and the CCBHC will count toward units used.

Assertive Community Treatment

Assertive community treatment (ACT) services are rendered by ACT teams to ACT-eligible individuals. As part of the changes of identifying the delivery of these services, the IHCP made changes to how these services are billed.

ACT services include reassessment, person-centered planning, crisis intervention services, community integration and reintegration, health services, medication management, psychoeducation, case management, integrated dual disorder treatment, wellness self-management, psychosocial rehabilitation, vocational/educational support services, and peer support services.

Effective Oct. 30, 2025, ACT services will no longer be billable with procedure code H0039 – *Assertive community treatment, face-to-face, per 15 minutes*. Instead, ACT services should be billed using the appropriate procedure codes specific to each service provided by the ACT team (following the requirements of the program), along with modifier V4 (used in place of modifier Q2). The V4 modifier can only be used for any service provided by an ACT team member and should not be used on any other claim line detail. The valid encounter code list with Myers and Stauffer will be updated.

Prior authorization

Existing CCBHC services that require prior authorization will continue to do so with the exception of services that fall within the Medicaid Rehabilitation Option (MRO) level of need (LON) 4 package. In addition, any age or unit limitations will continue to apply.

MRO LON 4 services – Prior authorization and audit limits in IHCP Portal

As described in *IHCP Bulletin* [BT2024210](#), services that are included under the MRO LON 4 package can be provided by a CCBHC without prior authorization until the limitations are met. Limitations are applicable for a rolling period of 180 days. Additional MRO LON units beyond the MRO LON 4 package will require prior authorization for payment. Claims surpassing the allowed number of units will deny or cut back with EOB code 6358 – *Units exceed benefit plan limitations* unless a prior authorization is on file for the additional units.

The following benefit limit information related to MRO LON 4 services will be added to the *Limit Details* panel returned during eligibility verification in the IHCP Provider Healthcare Portal (IHCP Portal).

Table 1 – MRO LON 4 limits displayed in IHCP Portal

| Limit message displayed in the IHCP Portal <i>Limit Details</i> panel | Explanation |
|--|---|
| 6355 – CCBHC encounter limit 1 per DOS | CCBHC encounter is limited to one encounter per date of service (DOS) |
| 6358 – CCBHC MRO LON Redetermination Limit 1 Unit | CCBHC MRO LON redetermination is limited to one unit |
| 6359 – CCBHC MRO Addiction Counseling Limited to 32 units | MRO Addiction Counseling – limited to 32 units |
| 6360 – CCBHC MRO Behav Health Therapy (Ind) Ltd 48 units | CCBHC MRO Behavioral Health Counseling and Therapy (Individual) – limited to 48 units |
| 6361 – CCBHC MRO Behav Health Therapy (Group) Ltd 60 units | CCBHC MRO Behavioral Health Counseling and Therapy (Group) – limited to 60 units |
| 6362 – CCBHC MRO Med Training/Support Limited to 104 units | CCBHC MRO Medication Training and Support – limited to 104 units |
| 6365 – CCBHC MRO CAIRS Limited to 252 units | CCBHC MRO Child and Adolescent Intensive Resiliency Services (CAIRS) – limited to 252 units |
| 6366 – CCBHC MRO AIRS Limited to 270 units | CCBHC MRO Adult Intensive Rehabilitation Services (AIRS) – limited to 270 units |
| 6367 – CCBHC MRO Case Mgt Limited to 300 units | CCBHC MRO Case Management – limited to 300 units |
| 6368 – CCBHC MRO Skills Training Limited to 750 units | CCBHC MRO Skills Training and Development – limited to 750 units |
| 6369 – CCBHC MRO Psychosocial Rehab (Clubhouse) Limited to 1820 units | CCBHC MRO Psychosocial Rehabilitation (Clubhouse) – limited to 1,820 units |

Services not authorized as audio-only

The IHCP will be enforcing face-to-face requirements for procedure codes T1007 – *Alcohol and/or substance abuse services, treatment plan development and/or modification* and T1016 – *Case Management*. These services will be denied with EOB code 4286 – *Treatment plan/case mgmt. not covered via telemed* when billed with modifier 93 – *Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system*.

Third-party liability, including Medicare

The following claim-processing guidelines will be followed for members with third-party liability (TPL), such as private insurance or Medicare coverage:

- CCBHC claims will be denied with system edit – *CCBHC mbr cvrd by private insurance* when no TPL is submitted on a claim for a member who is enrolled with private/commercial insurance, with the limited exceptions described in this section:
 - ⇒ MRO services billed for a date of service (DOS) where a member is enrolled in commercial insurance do not require TPL to be submitted on the claim; a claim note is no longer required for such claims to bypass TPL editing, when appropriate.
 - ⇒ MRO services and services rendered by a behavioral health providers enrolled under type 11, specialty 619, 620 or 621 for a DOS where a member is enrolled in Medicare do not require Medicare information to be submitted on the claim; a claim note is no longer required for such claims to bypass Medicare editing, when appropriate.
- CCBHC services for members with commercial TPL will be reimbursed at the usual and customary charge (UCC) rate minus any TPL paid dollars for allowable encounter services.
- Crossover claims will be reimbursed at the UCC rate minus the Medicare payment for dually eligible members with full Medicaid coverage. Claims for CCBHC services that are billed to Medicare under the CMHC NPI for a CCBHC and that then cross over automatically to Medicaid will need to be voided and submitted directly to Gainwell Technologies under the CCBHC Provider ID to receive IHCP reimbursement.
- Crossover claims for QMB- or SLMB-only members billed to Medicare by a CMHC for CCBHC-rendered services, will cross over and be reimbursed according to Medicare payment logic. The IHCP will pay the Medicare coinsurance, copayment or deductible submitted on the crossover claims. A T1040 will not be required on such claims, whether they crossover automatically or are manually submitted. These claims will not need to be voided and submitted directly to Gainwell with the CCBHC Provider ID number for reimbursement.



References

The following publications regarding the CCBHC program can be used for reference:

- [BT202592](#)
- [BT202533](#)
- [BT2024210](#)
- [BT2024193](#)

Please email any questions to OMPPCCBHCReimbursement@fssa.in.gov.

For more information about the CCBHCs, see the [Certified Community Behavioral Health Clinics](#) webpage at in.gov/fssa/dmha.

QUESTIONS?

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