

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202641    MARCH 19, 2026

## IHCP corrects telehealth E/M FFS claim processing for established patient codes

The Indiana Health Coverage Programs (IHCP) has identified and corrected an issue affecting fee-for-service (FFS) claim processing for certain telehealth evaluation and management (E/M) services, effective retroactively for dates of service (DOS) on or after **Jan. 1, 2025**.



The IHCP determined that several established patient telehealth E/M Current Procedural Terminology (CPT®) codes were erroneously included in claim audits intended exclusively for new patient visits. As a result, some claims were inappropriately denied. See Table 1 for codes that were incorrectly subject to new patient policy restrictions.

*Table 1 – Established patient telehealth procedure codes that were incorrectly subject to new patient policy restrictions*

Procedure code	Code description
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more
98005	Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more
98012	Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 10 minutes or more
98013	Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more

These codes were mistakenly included in the following IHCP policies:

- Only one new patient visit per three years
- Only initial office visit per member – Podiatrist

The IHCP is removing the procedure codes in Table 1 from the policy restrictions in explanation of benefits (EOB) code 6006 – *New patient visits are limited to one per member, per provider, within the last three years* and EOB code 6091 – *New patient podiatry office visits are reimbursed once per provider every three years for a new patient office visit* to ensure accurate claim processing for telehealth services provided to an established patient.

Providers should continue billing established patient telehealth E/M services in accordance with IHCP policy. Providers may have experienced inappropriate claim denials for eligible established patient telehealth services billed with the affected CPT codes. The claim-processing system has been corrected, and previously denied claims will be adjusted. This correction applies retroactively to claims with DOS on or after **Jan. 1, 2025**. Providers should begin to see the reprocessed claims on remittance advices (RAs) beginning April 1, 2026, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

Providers should continue billing established patient telehealth E/M services in accordance with IHCP policy.

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