

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201975 DECEMBER 26, 2019

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

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for Aged and Disabled (A&D) Home and Community-Based Services (HCBS), with dates of service on or after April 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.



The claim-processing system has been corrected. Beginning immediately, providers may resubmit claims billed with the HCPCS code T2022 and modifier U7 combination that previously denied during the indicated time frame, for reimbursement consideration. Claims resubmitted beyond the timely filing limit must include a copy of this bulletin as an attachment.

Effective immediately, the IHCP is extending the timely filing limit (normally 180 days) to January 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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