



NETWORK *Notification*

Notice Date: April 13, 2026
To: Indiana Medicaid Providers
From: CareSource
Subject: Community Behavioral Health Clinics Services Billing Reminder
Effective Date: January 1, 2025

Summary

CareSource would like to remind Indiana Health Coverage Provider (IHCP) enrolled Certified Community Behavioral Health Clinics (CCBHC) that as of January 1, 2025, CCBHC services are carved out of managed care and reimbursed as fee-for-service for all eligible members. CCBHCs will submit claims for dates of service on or after January 1, 2025 to Gainwell. Prior authorization (PA) for CCBHC services are carved out of managed care and will be processed by the prior authorization and utilization management (PA-UM) contractor, Acentra Health.

Impact

Beginning January 1, 2025, the CCBHC will submit claims for dates of services (DOS) on or after January 1, 2025, to Gainwell. IHCP provides the following guidance for billing CCBHC services:

- Services must be billed on a professional claim (CMS-1500 or electronic equivalent)
- Providers must use the NPI assigned to the CCBHC for provider specialty 623.
- To be reimbursable, all CCBHC claims must include the following:
 - Exactly one unit of Healthcare Common Procedure Coding System (HCPCS) code T1040 - Medicaid certified community behavioral health clinic services, per diem, along with the appropriate place of service (POS) code
 - At least one “triggerable” procedure code from the valid CCBHC encounter code list, along with the appropriate modifier combinations and POS code. If multiple POS codes are used on the claim, the POS for the T1040 service detail can be any of those POS codes.
 - All other services provided to the member on that same date.
- All encounter services on the CCBHC claim must include the Q2 modifier, along with any other applicable modifiers. The Q2 modifier indicates that the service was performed at the CCBHC. The Q2 modifier does not need to be included on the T1040 service detail. If services are provided by the designated collaborating organization (DCO), then the V2 modifier will be used in place of the Q2 modifier. Services provided at a CCBHC, including those with the Q2 modifier, are carved out of managed care and should be submitted to Gainwell for processing.

Further information regarding billing for CCBHC services can be found in the following IHCP bulletins;

- [BT2025136](#)
- [BT202592](#)
- [BT202533](#)
- [BT2024210](#)

- [BT2024193](#)

Questions?

For any questions, please contact a member of the Behavioral Health Clinical Team at Indiana_BH@CareSource.com.

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