



## Indiana Telehealth Reimbursement Summary

Reimbursement for telehealth services is dependent upon the type of insurance in which the patient is enrolled: Medicare, Medicaid, or Commercial / Private Insurance.

### ***Medicare***

Medicare is a federal program, so its program conditions of payment are the same across the United States. The Centers for Medicare and Medicaid Services (CMS) sets federal guidelines for telehealth reimbursement for Medicare patients. Medicare pays for certain provider types and certain outpatient professional services (CPT codes) for patients accessing care from sites in rural counties and HPSAs in rural census tracts.

CMS creates an annual Medicare Telehealth Services Fact Sheet. Here is the link to the 2020 version of this Medicare Learning Network (MLN) guide.

See: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsht.pdf>

### ***Indiana Law and Definitions***

Each state has its own law(s) that define telehealth and/or telemedicine.

### ***Indiana Telemedicine/Telehealth Definition***

“Telehealth services means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across a distance.”

“Telemedicine services means a specific method of delivery of services, including medical exams and consultations and behavioral health evaluations and treatment, including those for substance abuse, using videoconferencing equipment to allow a provider to render an examination or other service to a patient at a distant location. The term does not include the use of the following: (1) a telephone transmitter for trans-telephonic monitoring. (2) a telephone or any other means of communication for the consultation from one (1) provider to another provider.”

**Source:** <http://iga.in.gov/legislative/laws/2019/ic/titles/012/#12-15-5-11>

### ***Indiana COVID-19 update***

Updated June 12, 2020

- Through the duration of Indiana’s Public Health Emergency due to COVID-19, telemedicine services are to be practiced as if they were in-person. This applies to all IHCP-covered services (with some exceptions regarding services necessitating

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- physical interaction) and applies to Traditional Medicaid and all managed care benefit programs.
- Appropriate consent and documentation remain imperative, including documentation that telemedicine was used and consented to. Providers must also disclose the locations of provider and patient.
  - Technology that enables real-time, interactive patient-provider engagement is necessary. Technology must include voice communication at minimum. For example, the use of phones is permitted but use of email/text messages is not. The permitted technologies for telemedicine depends on federal policy regarding HIPPA requirements that are subject to change. Certain practioners services necessitate video components. See [Bulletin 202071](#) Question 13 for details.
  - Coverage of telemedicine is not limited to typical *Telemedicine Services Codes*. When a service is not listed on *Telemedicine Service Codes*, the claim must include valid procedure code(s) for the IHCP covered service. The modifier GT to indicate telemedicine communication was utilized is not required, but it is strongly suggested as of June 11. The IHCP may request documentation that the service was via telemedicine during the pandemic. After the pandemic, additional documentation regrading telemedicine is not required and is only for internal records.
  - Services under IHCP telemedicine policy prior to the public health emergency should still follow pre-existing guidelines for billing and reimbursement.
  - Controlled substances may be prescribed to a patient previously not examined via telemedicine, but opioids cannot, except when the opioid is a partial agonist.
  - A facility fee may be billed by the provider if (1) the service previously allowed for billing facility fees and (2) the service can be provided via telemedicine as decided upon by the provider's professional discretion.
  - Any service that can be reasonably provided using telemedicine is permitted by the IHCP. Evaluation and management codes should be billed a
  - For COVID-19 testing, FFS Traditional Medicaid will accept but not require condition code DR and modifier CR. The same is true for MCEs.
  - There is no reduction in reimbursed payment for services provided via telemedicine.
  - Telemedicine can be used to establish patient/provider relationships.
  - See IHCP Bulletin 202049 for more details.
  - Beginning on July 15, 2020, the timely filing limit on claims for services for members enrolled in managed care by in-network providers returns to 90 days instead of the 180 days that began on March 1.
  - The timely filing limit on fee-for-service delivery system claims remains at 180 days.
  - See [Bulletin 202071](#) Questions 9 and 12 regarding for telephone codes and evaluation and management codes covered and POS/modifiers that need to be included in the claim.



- For details regarding managed care entities (MCEs) billing and codes, see [Bulletin 202071](#) Question 16.

*Sources:* IHCP Bulletins [202022](#), [202049](#), [202034](#), [202072](#), [202071](#)

### ***Indiana Medicaid Legislation (Effective 7/1/2017)***

#### ***Synopsis:***

- Removes the 20-mile distance limitation for Indiana Medicaid Telemedicine Reimbursement for all providers - Previously, only FQHCs, RHCs, CAHs, and CMHCs were exempt. Store-and-forward is not reimbursed.
- Requires a telemedicine services prescriber to contact the patient's primary care provider if the telemedicine services prescriber has provided care to the patient at least two consecutive times through the use of telemedicine services.
- Removes a limitation on prescribing controlled substances except for opioids through the use of telemedicine if the prescriber maintains a controlled substance registration, the patient has been examined in person by a licensed Indiana health care provider that has established a treatment plan to assist the prescriber in the diagnosis of the patient, the prescriber has reviewed and approved the treatment plan and is prescribing for the patient pursuant to the treatment plan, and the prescriber complies with the requirements of the INSPECT program.
- Allows for the prescribing of an opioid using telemedicine services if the opioid being prescribed is a partial agonist being prescribed to treat or manage an opioid dependence.

***Source:*** <https://iga.in.gov/legislative/2017/bills/house/1337#document-7797033f> ;  
[https://www.cchpca.org/sites/default/files/2020-05/CCHP\\_%2050\\_STATE\\_REPORT\\_SPRING\\_2020\\_FINAL.pdf](https://www.cchpca.org/sites/default/files/2020-05/CCHP_%2050_STATE_REPORT_SPRING_2020_FINAL.pdf)

## ***Legislation for Pharmacies and Pharmacists (Effective 7/1/2017)***



**Synopsis:** Allows the state health commissioner or a designated public health authority who is a licensed prescriber to issue a statewide standing order, prescription, or protocol that allows a pharmacist to administer or dispense a smoking cessation product. Defines "patient care", "remote dispensing facilities" and "telepharmacy" for purposes of the laws concerning remote dispensing facilities.

**NOTE:** This allows for Telepharmacy in the state of Indiana

Requires that a health insurance policy and a health maintenance organization contract that provide coverage for prescription medications must provide for synchronized refill schedule coordination for prescription medications for chronic conditions.

**Source:** <https://iga.in.gov/legislative/2017/bills/house/1540#document-69db09e3>

## ***Indiana Medicaid***

Each state has its own unique Medicaid program. Indiana Medicaid (traditional) and managed Medicaid plans cover telemedicine services according to regulations passed in 2007 and updated in 2013.

All IHCP New, Bulletins, and Banner Pages are available on their website at:

[http://provider.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp?page=4&docname=&archive=n#results](http://provider.indianamedicaid.com/ihcp/Publications/bulletin_results.asp?page=4&docname=&archive=n#results)

Indiana Medicaid reimburses for live and interactive telemedicine services. Information on Indiana Health Coverage Programs is available at:

<https://www.in.gov/medicaid/providers/810.htm>

## ***Private Payer***

***Each state is different, even within the same company, like Anthem, Blue Cross Blue Shield, or United that serve multiple states in the United States.***

Coverage must be provided in accordance with the same criteria as would be provided in-person. Source: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies/indiana-private-payer-laws-parity>

*Additional Information on Telehealth Policy can be found at the National Telehealth Policy Resource Center's website at: <http://www.cchpca.org/state-laws-and-reimbursement-policies>*

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