

# Indiana

**Medicaid Program:** Indiana Medicaid

**Program Administrator:** Indiana Family and Social Services Administration

**Regional Telehealth Resource Center:**

Upper Midwest Telehealth Resource Center  
 2901 Ohio Boulevard, Ste. 110  
 Terre Haute, IN 47803  
 (855) 283-3734 ext. 232  
[www.umtrc.org](http://www.umtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“Telemedicine services refer to a specific method of delivery of certain services, including medical exams and consultations, which are already reimbursed by Medicaid. Telemedicine uses videoconferencing equipment allowing a medical provider to render an exam or other service to a patient at a distant location.”</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p> <p>“Telehealth services mean the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across a distance.”</p> <p>“Telemedicine services mean 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 transtelephonic monitoring. (2) a telephone or any other means of communication for the consultation from one (1)) provider to another provider.”</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p><b><u>For Private Payer Reimbursement</u></b></p> <p>“Telemedicine services” means health care services delivered by use of interactive audio, video, or other electronic media, including:</p> <ul style="list-style-type: none"> <li>• Medical exams and consultations</li> <li>• Behavioral health, including substance abuse evaluations and treatment</li> <li>• The term does not include delivery of health care services through telephone for transtelephonic monitoring; telephone or any other means of</li> </ul>	<p>Telehealth services are defined as the scheduled remote monitoring of clinical data through technologic equipment in the member’s home.</p> <p>Telemedicine services refer to a specific method of delivery of certain services, including medical exams and consultations, which are already reimbursed by Medicaid. Telemedicine uses video conferencing equipment to allow a medical provider to deliver an exam or other services to a patient at a distant location.</p> <p>In any telemedicine service, there will be a hub site, a spoke site, an attendant to connect the patient to the specialist at the hub site, a computer or television so that the patient has real-time, interactive and face-to-face communication with the hub specialist/consultant via the interactive television technology.</p> <p><i>Source: IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>communication for the consultation for one (1) provider to another provider.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	
<b>Live Video Reimbursement</b>	
<p>Reimbursement for live video, see Private Payer section.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	<p>Indiana Code requires reimbursement for video conferencing for FQHC, Rural Health Clinic, Community Mental Health Centers, and Critical Access Hospital providers regardless of the distance between provider and patient...</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>Indiana Medicaid will reimburse the following services when provided via live video when services are medically necessary and hub and spoke are 20 miles apart:</p> <ul style="list-style-type: none"> <li>• Consultation</li> <li>• Office Visit</li> <li>• Psychotherapy</li> <li>• Psychiatric diagnostic interview</li> <li>• End-stage renal disease (ESRD) services</li> <li>• Pharmacologic management</li> </ul> <p>The hub site physician or practitioner must determine if it is medically necessary for a medical professional to be at the spoke site.</p> <p>For a medical professional to receive reimbursement for professional services in addition to payment for spoke services, medical necessity must be documented. If it is medically necessary for a medical professional to be with the member at the spoke site, the spoke site is permitted to bill an evaluation and management code in addition to the fee for spoke services. There must be documentation in the patient's medical record to support the need for the provider's presence at the spoke site. The documentation is subject to post-payment review.</p> <p><i>Source (authorization): IN Admin. Code, Title 405, 5-38-1 (2012).</i></p> <p><i>Source (hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 (2012) &amp; IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p> <p>No reimbursement for the following:</p> <ul style="list-style-type: none"> <li>• Ambulatory surgical centers;</li> <li>• Outpatient surgical services;</li> <li>• Home health agencies or services;</li> <li>• Radiological services;</li> <li>• Laboratory services;</li> <li>• Long-term care facilities, including nursing</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>facilities, intermediate care facilities, or community residential facilities for the developmentally disabled;</p> <ul style="list-style-type: none"> <li>• Anesthesia services or nurse anesthetist services;</li> <li>• Audiological services;</li> <li>• Chiropractic services;</li> <li>• Care coordination services;</li> <li>• Durable medical equipment, medical supplies, hearing aids, or oxygen;</li> <li>• Optical or optometric services;</li> <li>• Podiatric services;</li> <li>• Services billed by school corporations;</li> <li>• Physical or speech therapy services;</li> <li>• Transportation services;</li> <li>• Services provided under a Medicaid waiver.</li> </ul> <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012) &amp; IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>No reimbursement for store and forward due to definition of “telemedicine services”.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	<p>Indiana Medicaid will not reimburse for store and forward services.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012).</i></p> <p>However, there is reimbursement for store and forward technology to facilitate other reimbursable services. Separate reimbursement of the spoke-site payment is not provided for this technology.</p> <p><i>Source: IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reimbursement for remote patient monitoring due to definition of “telemedicine services”.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	<p>Indiana Code requires Medicaid to reimburse providers who are licensed as a home health agency for telehealth services.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>Indiana Medicaid will reimburse providers for telehealth services provided as home health services.</p> <p>Must have one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Chronic obstructive pulmonary disease</li> <li>• Congestive heart failure</li> <li>• Diabetes</li> </ul> <p>Must initially have two or more of the following events related to one of the conditions listed above within the previous twelve months:</p> <ul style="list-style-type: none"> <li>• Emergency room visit</li> <li>• Inpatient hospital stay</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>A licensed registered nurse must perform the reading of transmitted health information.</p> <p><i>Source: IN Admin Code, Title 405, 5-16-3.1.</i></p> <p>IN Medicaid will reimburse RPM when there is prior authorization when services are medically necessary for patients with uncontrolled chronic conditions, as evidenced by emergency room visits and inpatient hospital stays directly related to the chronic condition.</p> <p>A licensed RN must read the transmitted health information the day the data is received.</p> <p>Eligible chronic conditions include congestive heart failure, chronic obstructive pulmonary disease and diabetes.</p> <p>Reimbursement only available for home health agencies and members must be approved for other home health services.</p> <p>Other criteria apply to obtain prior authorization.</p> <p><i>IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reference found for email. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p>	<p>Telemedicine is not the use of:</p> <ul style="list-style-type: none"> <li>• Telephone transmitter for transtelephonic monitoring; or</li> <li>• Telephone or any other means of communication for consultation from one provider to another.</li> </ul> <p><i>Source: IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>
<b>Online Prescribing</b>	
<p>A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment recommended or provided, must be obtained prior to issuing e-prescriptions.</p> <p><i>Source: IN Admin. Code, Title 844, 5-3-2 (2012).</i></p> <p>Indiana has established a pilot program to provide telehealth services to patients in Indiana without the establishment of an in person patient-physician relationship. The pilot includes the issuance of prescription when medically necessary, with the exception of controlled substances.</p> <p><i>Source: IN Code, 25-22.5-14.</i></p>	<p>No reference found.</p>
<b>Consent</b>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>A health care provider (as defined in Indiana Code 16-18-2-163(a)) may not be required to obtain a separate additional written health care consent for the provision of telemedicine services.</p> <p><i>Source: IN Code, 16-36-1-15 (2015).</i></p>	<p>The spoke site must obtain patient consent. The consent must be maintained at the hub and spoke sites.</p> <p><i>Source: IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>
<b>Location</b>	
<p>The patient must be physically present at the spoke site and participate in the visit.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012).</i></p>	<p>Indiana Code requires the amendment of the Medicaid state plan (by Dec. 1, 2013) to eliminate the current twenty mile distance restriction.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>There is reimbursement for telemedicine services only when the hub and spoke sites are greater than 20 miles apart.</p> <p>Telemedicine services may only be offered in an inpatient, outpatient or office setting.</p> <p><i>Source: IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p> <p>Reimbursement for telemedicine services is available to the following providers regardless of the distance between the provider and recipient:</p> <ul style="list-style-type: none"> <li>• Federally Qualified Health Centers</li> <li>• Rural Health Clinics</li> <li>• Community mental health centers</li> <li>• Critical access hospitals</li> </ul> <p><i>Source: IN Admin Code, 405 5-38-4 &amp; Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 140 (Jun. 5, 2014), (Accessed Jul. 2015).</i></p>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>Accident and sickness insurance (dental or vision insurance is excluded) policies and individual or group contracts must provide coverage for telemedicine services in accordance with the same clinical criteria as would be provided for services provided in person.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Spoke sites are reimbursed a facility fee.</p> <p><i>Source: IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>
<b>Miscellaneous</b>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>For patients receiving ongoing telemedicine services, a physician should perform a traditional clinical evaluation at least once a year, unless otherwise stated in policy. The hub physician should coordinate with the patient's primary care physician.</p> <p><i>Source: IN Medicaid Provider Manual. July 1, 2015. P. 853-863. (Accessed Jul. 2015).</i></p>

**COMMENTS:** Indiana establishes a telehealth services pilot program utilizing telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, treatment, supervision and information across a distance.

*Source: IN Administrative Code 844 Section 5-8-2 (2015).*