

# Indiana

**Medicaid Program:** Indiana Medicaid

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

**Regional Telehealth Resource Center:**

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<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 has the same meaning as telehealth services.</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 communication for the consultation for one (1) provider to another provider.</li> </ul> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p> <p>“Telemedicine means the delivery of health care services using electronic communications and information technology, including:</p> <ul style="list-style-type: none"> <li>• Secure videoconferencing</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 Medical Policy Manual. Oct. 2017. P. 289-294 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</i></p> <p>Telemedicine refers to the use of videoconferencing equipment to allow a medical provider to render an exam or other service to a patient at distant location.</p> <p><i>Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</i></p>

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<ul style="list-style-type: none"> <li>• Interactive audio-using store and forward technology; or</li> <li>• Remote patient monitoring technology;</li> </ul> <p>Between a provider in one location and a patient in another location. The term does not include:</p> <ul style="list-style-type: none"> <li>• Audio only communication</li> <li>• A telephone call</li> <li>• Electronic mail</li> <li>• An instant messaging conversation</li> <li>• Facsimile</li> <li>• Internet questionnaire</li> <li>• Telephone consultation</li> <li>• Internet consultation”</li> </ul> <p><i>Source: IN Code, 25-1-9.5 (HB 1263 – 2016).</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 FQHCs, Rural Health Clinics, Community Mental Health Centers, Critical Access Hospitals and a provider determined by the office to be eligible, providing a covered telemedicine service.</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 member must be:</p> <ul style="list-style-type: none"> <li>• Physically present at the spoke site; and</li> <li>• Must participate in the visit</li> </ul> <p>Reimbursable CPT codes include:</p> <ul style="list-style-type: none"> <li>• Office or other outpatient visit</li> <li>• Individual psychotherapy</li> <li>• Psychiatric diagnostic interviews</li> <li>• End Stage Renal Disease</li> </ul> <p>There is an exception for federally qualified health centers (FQHCs); rural health clinics (RHCs); community mental health centers (CMHCs); and critical access hospitals (CAHs) to the 20 mile restriction.</p> <p>Telemedicine may be rendered in an inpatient, outpatient or office setting. For a telemedicine encounter; there must be a hub site; spoke site; an</p>

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	<p>attendant to connect the patient to the specialist at the hub site; and videoconferencing equipment.</p> <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 Medical Policy Manual. Jan. 2017. P. 289-294 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</i></p> <p>No reimbursement for telemedicine 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 facilities, intermediate care facilities, or community residential facilities for the developmentally disabled;</li> <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; IN Medicaid Medical Policy Manual. Jan. 2017. P. 289-294 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	

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<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. Jul. 2016. P. 843-848. &amp; Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</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>IN Medicaid will reimburse home health agencies for telehealth services (defined as including RPM) when there is prior authorization. Other criteria apply to obtain prior authorization.</p> <p>Member 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>Member 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> <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 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. &amp; IN Medicaid Provider Manual. Oct. 2017. P. 843-848. (Accessed Oct. 2017)</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 Medical Policy Manual. Oct. 2017. P. 289-294. &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</i></p>

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<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>A provider may issue a prescription via telemedicine to a patient they have not previously seen if:</p> <ul style="list-style-type: none"> <li>• The provider satisfies the applicable standard of care in the treatment of the patient</li> <li>• The issuance of the prescription by the provider is within the provider's scope of practice and certification</li> <li>• The prescription is not for a controlled substance</li> <li>• The prescription is not for an abortion inducing drug</li> <li>• The prescription is not for an ophthalmic device including glasses, contact lenses, or low vision devices.</li> </ul> <p>A pharmacy does not violate Indiana Rules if they fill a prescription for a controlled substance and the pharmacy is unaware that the prescription was written by a provider providing telemedicine services.</p> <p><i>Source: IN Code, 25-1-9.5 (HB 1263 – 2016).</i></p> <p>A prescription for a controlled substance can be issued in the following circumstances:</p> <ul style="list-style-type: none"> <li>• The prescriber maintains a valid controlled substance registration under IC 35-48-3.</li> <li>• The prescriber meets the conditions set forth in 21 U.S.C. 829 et seq.</li> <li>• The patient has been examined in person by a licensed Indiana health care provider and the licensed health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient.</li> <li>• The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.</li> <li>• The prescriber complies with the requirements of</li> </ul>	<p>No reference found.</p>

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<p>the INSPECT program (IC 35-48-7).</p> <p><i>Source: IN Code 25-1-9.5-8.</i></p>	
<b>Consent</b>	
<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 Medical Policy Manual. Oct. 2017. P. 289-294. &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</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. 31, 2017) 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>IN Medicaid Medical Policy Manual. Jan. 2017. P. 289-294. &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017). IN Medicaid required to eliminate this restriction with State Plan Amendment by Dec. 31, 2017.</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; Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>A provider located outside Indiana may not establish a provider-patient relationship with an individual in Indiana unless the provider and the provider's employer or the provider's contractor have certified in writing to the Indiana Professional Licensing Agency that the provider agrees to be subject to the jurisdiction of the courts of law of Indiana and Indiana Substantive and Procedural Laws. This certification must be filed by a provider's employer or contractor at the time of initial certification and renewed when the provider's license is renewed.</p> <p><i>Source: IN Code, 25-1-9.5 (HB 1263 – 2016).</i></p>	<p>No reference found.</p>
<b>Private Payers</b>	

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<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>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>No reference found.</p>	<p>Spoke sites are reimbursed a facility fee.</p> <p><i>Source: IN Medicaid Provider Manual. Jan. 2017. P. 843-848 &amp; Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Oct. 2017).</i></p>
<b>Miscellaneous</b>	
	<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. Jul. 2016. P. 843-848. (Accessed Aug. 2016).</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).*