

Indiana

Medicaid Program: Indiana Medicaid

Program Administrator: Indiana Family and Social Services Administration

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center

Covers the States of: Illinois, Indiana, Michigan & Ohio

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Medicaid Telehealth Reimbursement

Summary

Indiana Medicaid reimburses for live video telemedicine for certain services and providers. Indiana Medicaid does not reimburse for store-and-forward although store-and-forward can still be used to facilitate other reimbursable services. Indiana Medicaid defines telehealth as including remote patient monitoring (RPM) services and reimburses home health agencies for RPM for patients with diabetes, congestive heart failure and COPD.

Definitions

Telehealth services are defined as the scheduled remote monitoring of clinical data through technologic equipment in the member's home.

Source: *IN Medicaid Medical Policy Manual, Mar. 2018, P. 291-296 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).*

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.

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.

Source: *IN Medicaid Medical Policy Manual, Mar. 2018, P. 291-296. (Accessed Sept 2018).*

Telemedicine services are defined as the use of videoconferencing equipment to allow a medical provider to render an exam or other service to a patient at a distant location.

Source: *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).*

Telemedicine has the same meaning as IC 25-1-9.5-6: "Telemedicine means the delivery of health care services using electronic communications and information technology, including:

- Secure videoconferencing
- Interactive audio-using store-and-forward technology; or
- Remote patient monitoring technology;

Definitions

Between a provider in one location and a patient in another location. The term does not include:

- Audio-only communication
- A telephone call
- Electronic mail
- An instant messaging conversation
- Facsimile
- Internet questionnaire
- Telephone consultation
- Internet consultation”

Source: IIN Code 25-1-9.5.

“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.”

Telemedicine services has the same meaning as “telemedicine” in IN Code 25-1-9.5-6.

Source: IN Code, 12-15-5-11.

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.

Source: 405 IN Admin Code 5-2-27.

Live Video

Policy

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.

Source: IN Code, 12-15-5-11.

A telemedicine encounter requires a distant site, originating site, an attendant to connect the patient to the provider at the distant site, and a computer or television monitor to allow the patient to have real-time, interactive; and face-to-face communication with the distant provider via IATV technology.

Source: IN Admin. Code, Title 405, 5-38-3. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 291. (Accessed Sept 2018).

The patient must be physically present and participating in the visit.

Source: IN Admin. Code, Title 405, 5-38-4 & IN Medicaid Medical Policy Manual. Mar. 2018. P. 293. (Accessed Sept 2018).

Eligible Services / Specialties

Reimbursable CPT codes include:

- Office or other outpatient visit
- Psychotherapy
- Psychiatric diagnostic interviews
- End Stage Renal Disease (ESRD)

Must use GT Modifier. Payment amount is equal to the current professional fee schedule. Modifier 95 is used for informational purposes.

Source: Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).

Providers are encouraged to use the 02 place of service code.

Source: IHCP Bulletin BT201807. Mar. 2, 2018. (Accessed Sept. 2018).

For ESRD related services, IHCP requires at least one monthly visit to be a traditional clinical encounter to examine the vascular access site.

In addition to the services listed above, Medical Policy Manual indicates reimbursement for the following:

- Consultations
- Pharmacologic management

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 294 & 295. (Accessed Sept 2018).*

Group and family crisis psychotherapy telemedicine services are covered.

Source: *IHCP Bulletin BT201454. Mar. 28, 2014. (Accessed Sept 2018).*

Federally-qualified health centers and rural health centers are eligible distant sites as long as services meet both the requirements of a valid encounter and an approved telemedicine service as defined in the IHCP's telemedicine policy.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 294. (Accessed Sept 2018).*

Services Not Reimbursed:

- Ambulatory surgical centers;
- Outpatient surgical services;
- Home health agencies or services;
- Radiological services;
- Laboratory services;
- Long-term care facilities, including nursing facilities, intermediate care facilities, or community residential facilities for the developmentally disabled;
- Anesthesia services or nurse anesthetist services;
- Audiological services;
- Chiropractic services;
- Care coordination services with the member not present;
- Durable medical equipment, and home medical equipment providers
- Optical or optometric services;
- Podiatric services;
- Physical therapy services;
- Services billed by school corporations; (only prohibited in policy manual)
- Speech therapy services; (only prohibited in telemedicine module and policy manual)
- Transportation services;
- Services provided under a Medicaid home and community-based waiver.
- Provider to provider consultations (only prohibited in administrative code)

Source: *IN Admin. Code, Title 405, 5-38-4; IN Medicaid Medical Policy Manual. Mar. 2018. P. 2895 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).*

Eligible Providers

The hub site physician or practitioner must determine if it is medically necessary for a medical professional to be at the spoke site.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 293 & IN Admin. Code, Title 405, 5-38-4.*

Provider types listed under Services Not Reimbursed (under Eligible Services/Specialties section) are not eligible to be reimbursed for telemedicine.

Source: *IN Admin. Code, Title 405, 5-38-4.*

Reimbursement for telemedicine services is available to the following providers regardless of the distance between the provider and recipient:

- Federally Qualified Health Centers
- Rural Health Clinics
- Community mental health centers
- Critical access hospitals
- A provider, as determined by the office to be eligible, providing a covered telemedicine service

Source: *IN Admin Code, 405 5-38-4(3) & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 2. (Accessed Sept. 2018). & IN Code 12-15-5-11.*

Eligible Sites

Services may be rendered in an inpatient, outpatient or office setting.

Source: *IN Admin. Code, Title 405, 5-38-3 & IN Medicaid Medical Policy Manual. Mar. 2018. P. 291. (Accessed Sept. 2018).*

Federally qualified health centers, rural health clinics, and critical access hospitals may be reimbursed for telemedicine services if it is medically necessary for a medical professional to be with the member, and the service provided includes all components of a valid encounter code.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 294. (Accessed Sept. 2018).*

For a medical professional to receive reimbursement for professional services in addition to payment for spoke/originating site services, medical necessity must be documented. If it is medically necessary for a medical professional to be with the member at the spoke/originating site, the spoke/originating 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.

Source: *(hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 & IN Medicaid Medical Policy Manual. Jan. 2018. P. 293-4 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 3. (Accessed Sept. 2018).*

Geographic Limits

There is reimbursement for telemedicine services only when the hub and spoke sites are greater than 20 miles apart, except no distance requirements for federally qualified health centers, rural health clinics, community mental health centers and critical access hospitals.*

*According to IHCP Bulletin, effective April 1, 2018 the 20 mile requirement between the distant and originating sites is eliminated.

Source: *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 2. & IHCP Bulletin BT201807. Mar. 2, 2018. (Accessed Sept. 2018).*

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Live Video	Facility/Transmission Fee	<p>Spoke sites are reimbursed a facility fee.</p> <p>Source: <i>Telemedicine and Telehealth Module, Jan. 11, 2018, p. 3. (Accessed Sept. 2018).</i></p>
	Policy	<p>Indiana Medicaid will not reimburse for store-and-forward services. However, restrictions placed on store-and-forward reimbursement shall not disallow the permissible use of store-and-forward technology to facilitate other reimbursable services.</p> <p>Source: <i>IN Admin. Code, Title 405, 5-38-2 & 4 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018) & IN Medicaid Provider Manual, Mar. 2018 pg. 294. (Accessed Sept. 2018).</i></p>
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p>Indiana Code requires Medicaid to reimburse providers who are licensed as a home health agency for telehealth services.</p> <p>Source: <i>IN Code, 12-15-5-11(c).</i></p>

Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

The member must be receiving services from a home health agency. Member must initially have two or more of the following events related to one of the conditions listed below within the previous twelve months:

- Emergency room visit
- Inpatient hospital stay

An emergency room visit that results in an inpatient hospital admission does not constitute two separate events.

Member must have one of the following conditions:

- Chronic obstructive pulmonary disease
- Congestive heart failure
- Diabetes

Source: *IN Admin Code, Title 405, 5-16-3.1(d) & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 5. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 292. (Accessed Sept. 2018).*

Provider Limitations

IN Medicaid required to reimburse home health agencies for telehealth services.

Source: *IN Code 12-15-5-11.*

Reimbursement for home health agencies under certain conditions. A registered nurse must perform the reading of transmitted health information provided from the member in accordance with the written order of the physician.

Source: *IN Admin Code, Title 405, 5-16-3.1(d)(5) & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 5. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 292. (Accessed Sept. 2018).*

Other Restrictions

Treating physician must certify the need for home health services and document that there was a face-to-face encounter with the individual.

Source: *IN Admin Code, Title 405, 5-16-3.1(e).*

Prior authorization is required for all telehealth services and must be submitted separately from other home health service prior authorization requests. Services may be authorized for up to 60 days. See Telehealth Module for additional requirements.

Source: *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 5. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 292. (Accessed Sept. 2018).*

Member must also be receiving or approved for other IHCP home health services.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 292.*

Email / Phone / Fax

Telemedicine is not the use of:

- Telephone transmitter for transtelephonic monitoring; or
- Telephone or any other means of communication for consultation from one provider to another.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 291 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 291. (Accessed Sept. 2018).*

Medicaid Telehealth Reimbursement	Consent	<p>The spoke site must obtain patient consent. The consent must be maintained at the hub and spoke sites.</p> <p>Source: <i>IN Medicaid Medical Policy Manual. Mar. 2018. P. 295 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 4. (Accessed Sept. 2018).</i></p>
	Out of State Providers	<p>No reference found.</p>
	Miscellaneous	<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>Source: <i>IN Medicaid Policy Manual. Mar. 2018. P. 294. (Accessed Sept. 2018).</i></p> <p>Documentation must be maintained at the distant and originating locations to substantiate the services provided. It must indicate the services were provided via telemedicine and location of the distant and originating sites. Documentation is subject to post-payment review.</p> <p>Source: <i>IN Medicaid Medical Policy Manual. Mar. 2018. P. 295.</i></p> <p>Medicaid Clarification: Indiana Code does allow a provider to use telemedicine to prescribe a controlled substance to a not-previously examined patient. Opioids, however, cannot be prescribed via telemedicine except in cases in which the opioid is partial agonist and is being used to treat or manage opioid dependence.</p> <p>Source: <i>IHCP Bulletin BT201807. Mar. 2, 2018. (Accessed Sept. 2018).</i></p>
Private Payer Laws	Definitions	<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"> • Medical exams and consultations • Behavioral health, including substance abuse evaluations and treatment • 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. <p>Source: <i>IN Code, 27-8-34 & 27-13-1-34.</i></p>
	Requirements	<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>Coverage for telemedicine services may not be subject to a dollar limit, deductible or coinsurance requirement that is less favorable to a covered individual than those applied to the same health services delivered in-person.</p> <p>A separate consent cannot be required.</p> <p>Source: <i>IN Code, 27-8-34-6 & 27-13-7-22.</i></p>

Private Payer Laws	Parity	<p>Service Parity</p> <p>Coverage must be provided in accordance with the same criteria as would be provided in-person.</p> <p>Source: <i>IN Code, 27-8-34-6 & 27-13-7-22.</i></p>
		<p>Payment Parity</p> <p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	Definitions	<p>“Telemedicine means the delivery of health care services using electronic communications and information technology, including:</p> <ul style="list-style-type: none"> • Secure videoconferencing • Interactive audio-using store-and-forward technology; or • Remote patient monitoring technology; <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"> • Audio only communication • A telephone call • Electronic mail • An instant messaging conversation • Facsimile • Internet questionnaire • Telephone consultation • Internet consultation” <p>Source: <i>IN Code, 25-1-9.5-6 (HB 1263 – 2016).</i></p>
	Consent	<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>Source: <i>IN Code, 16-36-1-15 (2015).</i></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 prescriptions electronically or otherwise.

Source: *IN Admin. Code, Title 844, 5-3-2 (2012).*

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.

Source: *IN Code, 25-22.5-14.*

A provider may not issue a prescription unless they have established a provider-patient relationship. At a minimum that includes:

- Obtain the patient's name and contact information;
- Disclose the prescriber's name and credentials;
- Obtain informed consent from the patient;
- Obtain the patient's medical history and information necessary to establish a diagnosis
- Discuss with the patient the diagnosis, evidence for the diagnosis and risks and benefits of the various treatment options;
- Create and maintain a medical record, and with consent notify the patient's primary care provider of any prescriptions the provider has issued
- Issue proper instructions for appropriate follow-up care
- Provide a telemedicine visit summary to the patient, including information that indicates any prescriptions that is being prescribed.

Source: *IN Code, 25-1-9.5-7.*

A prescription for a controlled substance can be issued for a patient the prescriber has not previously examined if the following conditions are met:

- The prescriber has satisfied the applicable standard of care in the treatment of the patient.
- The issuance of the prescription is within the prescriber's scope of practice and certification.
- The prescription meets the requirements outline in the following section and it is not an opioid. However, opioids may be prescribed if the opioid is a partial agonist that is used to treat or manage opioid dependence.
 - The prescription is not for an abortion inducing drug.
- The prescription is not for an ophthalmic device including glasses, contact lenses or low vision devices.

Additionally, the following conditions must be met:

- The prescriber maintains a valid controlled substance registration under IC 35-48-3.
- The prescriber meets the conditions set forth in 21 U.S.C. 829 et seq.
- 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.
- The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.
- The prescriber complies with the requirements of the INSP ECT program (IC 35-48-7).

Source: *IN Code 25-1-9.5-8.*

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.

Source: *IN Code, 25-1-9.5-9.*

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 5-8-1.*

