

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

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.”

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

Source: *IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p.1. (Accessed Mar. 2019).*

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
- Remote patient monitoring technology

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: *IN Code, 25-1-9.5-6. (Accessed Mar. 2019).*

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

Source: *IN Code, 12-15-5-11. & 405 IN Admin Code 5-2-27. (Accessed Mar. 2019).*



Policy

Eligible Services / Specialties

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 (Accessed Mar. 2019).*

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. Feb. 2019. P. 191 (Accessed Mar. 2019)*

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

Source: *IN Admin. Code, Title 405, 5-38-4. & IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p.1. (Accessed Mar. 2019).*

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, Mar. 14, 2019, p. 4. (Accessed Mar. 2019).*

Providers are encouraged to use the 02 place of service code when billing telemedicine services.

Source: *IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 4. (Accessed Mar. 2019).*

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

Source: *IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 3. (Accessed Mar. 2019).*

Group and family crisis psychotherapy telemedicine services are covered.

Source: *IHCP Bulletin BT201454. Mar. 28, 2014. (Accessed Mar. 2019).*

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 Telemedicine and Telehealth Module, Mar. 14, 2019, p. 5. (Accessed Mar. 2019).*



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;
- 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 Telemedicine and Telehealth Module, Mar. 14, 2019, p. 2. (Accessed Mar. 2019).*

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

Source: *IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 3. & IN Admin. Code, Title 405, 5-38-4(2). (Accessed Mar. 2019).*

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(5). (Accessed Mar. 2019).*

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) & IN Code 12-15-5-11. (Accessed Mar. 2019).*



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Live Video	Eligible Sites	<p>Services may be rendered in an inpatient, outpatient or office setting.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 8. (Accessed Mar. 2019).</i></p> <p>Federally qualified health centers and rural health clinics may be reimbursed 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.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 5. (Accessed Mar. 2019).</i></p> <p>For a medical professional to receive reimbursement for professional services in addition to payment for originating site services, medical necessity must be documented. If it is medically necessary for a medical professional to be with the member at the originating site, the originating site is permitted to bill an evaluation and management code in addition to the fee for originating site services. There must be documentation in the patient's medical record to support the need for the provider's presence at the originating site. The documentation is subject to post-payment review.</p> <p>Source: <i>(hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 & IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 3. (Accessed Mar. 2019).</i></p>
	Geographic Limits	No reference found.
	Facility/Transmission Fee	<p>Originating sites are reimbursed a facility fee.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 4. (Accessed Mar. 2019).</i></p>
Store-and-Forward	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. & IN Medicaid Provider Manual. Mar. 2018 pg. 294. (Accessed Mar. 2019).</i></p>
	Eligible Services/Specialties	No reference found.



Medicaid Telehealth Reimbursement

Store-and-Forward	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). (Accessed Mar. 2019).</i></p>
	Conditions	<p>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:</p> <ul style="list-style-type: none"> • Emergency room visit • Inpatient hospital stay <p>An emergency room visit that results in an inpatient hospital admission does not constitute two separate events.</p> <p>Member must have one of the following conditions:</p> <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease • Congestive heart failure • Diabetes <p>Source: <i>IN Admin Code, Title 405, 5-16-3.1(d) & IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 12. (Accessed Mar. 2019).</i></p>
	Provider Limitations	<p>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.</p> <p>Source: <i>IN Admin Code, Title 405, 5-16-3.1(d)(5) (Accessed March 2019).</i></p>



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Other Restrictions	<p>Treating physician must certify the need for home health services and document that there was a face-to-face encounter with the individual.</p> <p>Source: <i>IN Admin Code, Title 405, 5-16-3.1(e) (Accessed Mar. 2019).</i></p> <p>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.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 12. (Accessed Mar. 2019) .</i></p> <p>Member must also be receiving or approved for other IHCP home health services.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 12. (Accessed Mar. 2019).</i></p>
Email / Phone / Fax	<p>Telemedicine is not the use of:</p> <ul style="list-style-type: none"> • Telephone transmitter for transtelephonic monitoring; or • Telephone or any other means of communication for consultation from one provider to another. <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 1. (Accessed Mar. 2019).</i></p>	
Consent	<p>The originating site must obtain patient consent. The consent must be maintained at the distant and originating sites.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 3. (Accessed Mar. 2019).</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 distant site physician should coordinate with the patient's primary care physician.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 9. (Accessed Mar. 2019).</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 Telemedicine and Telehealth Module, Mar. 14, 2019, p. 9. (Accessed Mar. 2019).</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 Mar. 2019).</i></p>	



Private Payer Laws

Miscellaneous

Prior authorization (PA) is required for all for telehealth services. Telehealth services are indicated for members who require scheduled remote monitoring of data related to the member’s qualifying chronic diagnoses that are not controlled with medications or other medical interventions. Services may be authorized for up to 60 days. See Telehealth Module for additional requirements.

Source: *IN Medicaid Telemedicine and Telehealth Module, Mar. 14, 2019, p. 12. (Accessed Mar. 2019).*

Definitions

“Telemedicine services” means health care services delivered by use of interactive audio, video, or other electronic media, including:

- 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.

Source: *IN Code, 27-8-34 & 27-13-1-34. (Accessed Mar. 2019) .*

Requirements

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.

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.

A separate consent cannot be required.

Source: *IN Code, 27-8-34-6 & 27-13-7-22. (Accessed Mar. 2019)*

Parity

Service Parity

Coverage must be provided in accordance with the same criteria as would be provided in-person.

Source: *IN Code, 27-8-34-6 & 27-13-7-22. (Accessed Mar. 2019)*

Payment Parity

No explicit payment parity.



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- Remote patient monitoring technology

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- Audio only communication
- A telephone call
- Electronic mail
- An instant messaging conversation
- Facsimile
- Internet questionnaire
- Telephone consultation
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Source: *IN Code, 25-1-9.5-6 (Accessed Mar. 2019).*

Consent

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.

Source: *IN Code, 16-36-1-15 (2015). (Accessed Mar. 2019).*

Online Prescribing

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 (2016). (Accessed Mar. 2019).*

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

1. Obtain the patient's name and contact information
2. Disclose the prescriber's name and credentials
3. Obtain informed consent from the patient
4. Obtain the patient's medical history and information necessary to establish a diagnosis
5. Discuss with the patient the diagnosis, evidence for the diagnosis and risks and benefits of the various treatment options
6. Create and maintain a medical record, and with consent notify the patient's primary care provider of any prescriptions the provider has issued
7. Issue proper instructions for appropriate follow-up care
8. 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. (Accessed Mar. 2019).*

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

1. The prescriber has satisfied the applicable standard of care in the treatment of the patient.
2. The issuance of the prescription is within the prescriber's scope of practice and certification.
3. 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.
4. The prescription is not for an abortion inducing drug.
5. The prescription is not for an ophthalmic device including glasses, contact lenses or low vision devices.



Online Prescribing

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 INSPECT program (IC 35-48-7).

Source: *IN Code 25-1-9.5-8. (Accessed Mar. 2019).*

Cross-State Licensing

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. (Accessed Mar. 2019).*

Miscellaneous

No reference found.

