

Indiana

Medicaid Program: Indiana Medicaid

Program Administrator: Indiana Family and Social Services Administration

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center www.umtrc.org

Indiana Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	NLC, EMS	✓

Indiana Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>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.</p>
	Definitions	<p>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.”</p> <p>Telehealth services are defined as “the scheduled remote monitoring of clinical data through technologic equipment in the member’s home.”</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module Oct. 1, 2019, p.1. (Accessed Sept. 2020).</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"> • 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 <p>Source: <i>IN Code, 25-1-9.5-6. (Accessed Sept. 2020).</i></p> <p>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.”</p> <p>Telemedicine services has the same meaning as “telemedicine” in IN Code 25-1-9.5-6.</p> <p>Source: <i>IN Code, 12-15-5-11. (Accessed Sept. 2020). & 405 IN Admin Code 5-2-27. (Accessed Sept. 2020).</i></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.

Source: *IN Code, 12-15-5-11. (Accessed Sept. 2020).*

The Indiana Health Coverage Programs (IHCP) covers telemedicine services, including medical exams and certain other services normally covered by Medicaid.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct 1, 2019, p.1. (Accessed Sept. 2020).*

In any telemedicine encounter, there will be the following:

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

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

Source: *IN Admin. Code, Title 405, 5-38-3 & 4. (Accessed Aug. 2020). IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p.1 & 2. (Accessed Sept. 2020).*

All services that are available for reimbursement when delivered as telemedicine are subject to the same limitations and restrictions as they would be if not delivered by telemedicine.

There is a specific telemedicine Services Codes list accessible on the Indiana Medicaid website with CPT codes that are reimbursable when the services are rendered via telemedicine at the distant site and billed with modifier 95 and POS code 02. Use of GT modifier is optional.

Although reimbursement for ESRD-related services is permitted in the telemedicine setting, the IHCP requires at least one monthly visit for ESRD-related services to be a traditional clinical encounter to examine the vascular access site.

FQHCs/RHCs: FQHCs and RHCs may bill for telemedicine services if the service rendered is considered a valid FQHC/RHC encounter and a covered telemedicine service. Other requirements and billing instructions are included in the manual.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 3-4. (Accessed Sept. 2020).*

IHCP does not reimburse the following provider types for telemedicine:

- Ambulatory surgical centers;
- Outpatient surgical services;
- Home health agencies or services (For information about home health agency reimbursement for telehealth services, see the Telehealth Services section);
- 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;
- Durable medical equipment, and home medical equipment providers
- Optical or optometric services;
- Podiatric services;



Eligible Services / Specialties

- Physical therapy services;
- Transportation services;
- Services provided under a Medicaid home and community-based services waiver.
- Provider to provider consultations

Source: *IN Admin. Code, Title 405, 5-38-4; IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 2. (Accessed Sept. 2020).*

Eligible Providers

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, Oct. 1, 2019, p. 2. (Accessed Sept. 2020). & IN Admin. Code, Title 405, 5-38-4(2). (Accessed Sept 2020).*

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 a covered telemedicine service as defined in the IHCP's telemedicine policy. See manual for special billing instructions.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 4. (Accessed Sept. 2020).*

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 Sept 2020).*

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 Sept. 2020).*

Eligible Sites

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

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 2. (Accessed Sept. 2020).*

Federally qualified health centers and rural health clinics acting as the originating site 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. See manual for billing requirements.

All components of the service must be provided and documented, and the documentation must demonstrate medical necessity. All documentation is subject to post-payment review.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 4-5. (Accessed Sept. 2020).*

Separate reimbursement for a provider at the originating site is payable only if that provider's presence is medically necessary. Documentation must be maintained in the patient's medical record to support the need for the provider's presence at the originating site during the visit. Such documentation is subject to post-payment review. If a healthcare provider's presence at the originating site is medically necessary, billing of the appropriate evaluation and management code is permitted.

Source: *(hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 & IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 2. (Accessed Sept. 2020).*



Medicaid Telehealth Reimbursement

Live Video	Geographic Limits	No reference found.
	Facility/Transmission Fee	<p>Healthcare Common Procedure Coding System (HCPCS) code Q3014 – Telehealth originating site facility fee, billed with modifier 95, is reimbursable for providers that render services via telemedicine at the originating site.</p> <p>FQHCs/RHCs: Separate reimbursement for merely serving as the originating site is not available to FQHCs and RHCs. When the presence of a medical professional is not medically necessary at the originating site, neither the facility fee, as billed by HCPCS code Q3014, nor the facility-specific PPS rate is available, because the requirement of a valid encounter is not met.</p> <p style="text-align: right;">Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 4 & 5. (Accessed Sept. 2020).</i></p>
Store-and-Forward	Policy	<p>The IHCP allows store-and-forward technology (the electronic transmission of medical information for subsequent review by another healthcare provider) to facilitate other reimbursable services; however, separate reimbursement of the originating-site payment is not provided for store-and-forward technology because of restrictions in 405 IAC 5-38-2(4). Only live video is separately reimbursed by the IHCP.</p> <p style="text-align: right;">Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 1. (Accessed Sept. 2020).</i></p> <p>“Store and forward” means the transmission of a patient’s medical information from an originating site to the provider at a distant site without the patient being present for subsequent review by a health care provider at the distant site. Restrictions placed on store and forward reimbursement in this rule shall not disallow the permissible use of store and forward technology to facilitate reimbursable services.</p> <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 style="text-align: right;">Source: <i>IN Admin. Code, Title 405, 5-38-2 & 4. (Accessed Sept. 2020)</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 Sept. 2020).</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>The two qualifying events must be for the treatment of one of the following diagnoses:</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, Oct. 1, 2019, p. 7. (Accessed Sept. 2020).</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 Sept. 2020).</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).</i> (Accessed Sept. 2020).</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>Member must also be receiving or approved for other IHCP home health services.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 6-7.</i> (Accessed Sept. 2020).</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, Oct. 1, 2019, p. 1.</i> (Accessed Sept. 2020).</p>
Consent		<p>Providers should always give the member the choice between a traditional clinical encounter versus a telemedicine visit. Appropriate consent from the member must be obtained by the originating site and documentation maintained at both the distant and originating sites.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 3.</i> (Accessed Sept. 2020).</p>
Out of State Providers		<p>Out-of-state providers can perform telemedicine services without fulfilling the out-of-state prior authorization requirement if they have the subtype “telemedicine” attached to their enrollment.</p> <p>The Provider must be enrolled with a rendering or billing provider classification and be one of the following types:</p> <ul style="list-style-type: none"> • Advanced practice registered nurse • Physician assistant • Podiatrist • Optometrist • Physician <p>The provider must have a license issued from the Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 5.</i> (Accessed Sept. 2020).</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>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>A provider can use telemedicine to prescribe a controlled substance to a patient who has not been previously examined. Opioids, however, cannot be prescribed via telemedicine, except in cases in which the opioid is a partial agonist (such as buprenorphine) and is being used to treat or manage opioid dependence.</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 3.</i> (Accessed Sept. 2020).</p>



Medicaid Telehealth Reimbursement	Miscellaneous	<p>The information above applies to Indiana Health Coverage Programs (IHCP) services provided under the fee-for-service (FFS) delivery system. For information about services provided through the managed care delivery system – including Healthy Indiana Plan (HIP), Hoosier Care Connect, or Hoosier Healthwise services – providers must contact the member’s managed care entity (MCE).</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 1. (Accessed Sept. 2020).</i></p> <p>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</p> <p>Source: <i>IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 7. (Accessed Sept. 2020).</i></p>	
	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, 27-8-34-5 & 27-13-1-34. (Accessed Sept. 2020).</i></p>	
Private Payer Laws	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. (Accessed Sept. 2020).</i></p>	
	Parity	Service Parity	<p>Coverage must be provided in accordance with the same clinical criteria as would be provided in-person.</p> <p>Source: <i>IN Code, 27-8-34-6 & 27-13-7-22. (Accessed Sept. 2020).</i></p>
		Payment Parity	<p>No explicit payment parity.</p>



Definitions

“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;

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 Sept. 2020).*

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. (Accessed Sept. 2020).*

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. (Accessed Sept. 2020).*

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 (see regulation for other related requirements);
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 (see regulation for other related requirements);
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 Sept. 2020).*

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



Online Prescribing

If the prescription is for a medical device, including an ophthalmic device, the prescriber must use telemedicine technology that is sufficient to allow the provider to make an informed diagnosis and treatment plan that includes the medical device being prescribed.

Additionally, the following conditions must be met for a prescription for a controlled substance:

- 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 Sept. 2020).*

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 Sept. 2020).*

Member of the EMS personnel licensure interstate compact.

Source: *IN Code 16-31.5. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. NCSBN. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

