

IHCP *bulletin*



INDIANA HEALTH COVERAGE PROGRAMS BT202022 MARCH 19, 2020

IHCP issues telemedicine billing guidance for providers during COVID-19 outbreak

Effective March 1, 2020, and through the duration of the Governor's [Declaration of Public Health Emergency for Coronavirus Disease 2019 Outbreak](#), Indiana

Health Coverage Programs (IHCP)-enrolled providers may use the following billing guidance for providing services through telemedicine. This policy applies to both in-state and out-of-state providers and all IHCP-covered services, with some exceptions for services that require physical interaction. This policy

includes both Traditional Medicaid (fee-for-service) as well as all managed care benefit programs. All services rendered must be within the provider's applicable licensure and scope of practice.

All services delivered through telemedicine are subject to the same limitations and restrictions as they would be if delivered in-person. Appropriate consent from the member must be obtained by the provider prior to delivering services. Documentation must be maintained by the provider to substantiate the services provided and that consent was obtained. Documentation must indicate that the services were rendered via telemedicine, clearly identify the location of the provider and patient, and be available for postpayment review. The provider and/or patient may be located in their home(s) during the time of these services.

Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the patient. This includes, but is not limited to, the use of computers, phones, or television monitors. This policy includes voice-only communication, but does not include the use of non-voice communication such as emails or text messages. This expansion of allowable forms of telecommunication for telemedicine services is due to the federal waiver of certain *Health Insurance Portability and Accountability Act* (HIPAA) requirements in response to the current national emergency and is subject to change based on federal policy and guidance.

During this period, coverage of telemedicine services will not be limited to the codes on the *Telemedicine Services Codes* (accessible from the [Code Sets](#) page at in.gov/medicaid/providers). In addition, the following provider types and services **may not be reimbursed for telemedicine**: surgical procedures, radiological services, laboratory services, anesthesia services, audiological services, chiropractor services, care coordination without the member present, durable medical equipment (DME)/home medical equipment (HME) providers, and provider-to-provider consultation.

When billing telemedicine for services **not** listed on *Telemedicine Services Codes*, providers **must** include both of the following on the claim:

- Valid procedure code(s) for the IHCP covered service
- Modifier GT – *Via interactive audio and video telecommunication systems* (This modifier will be used to indicate that services were furnished through telemedicine communication.)

Note: **Do not bill** with place of service (POS) code 02 or modifier 95. This will cause the claim to deny for explanation of benefits (EOB) 3428.

Providers billing and receiving reimbursement for services under the current IHCP telemedicine policy should continue to follow the existing billing guidance as provided in the IHCP [Telemedicine and Telehealth Services provider reference module](#). Federally qualified health centers (FQHCs) and rural health clinics (RHCs) may bill for telemedicine as long as the service is considered a valid FQHC or RHC encounter. Please follow established guidance for the current telemedicine policy or use modifier GT with the valid encounter.

Also, to further clarify, Indiana Code does allow a provider to 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.

For questions or clarification regarding this billing guidance for Traditional Medicaid (fee-for-service) members, please contact the Office of Medicaid Policy and Planning (OMPP) Provider Relations team at OMPPproviderrelations@fssa.in.gov. Questions about billing telemedicine services for managed care members should be directed to the managed care entity (MCE) with which the member is enrolled. MCE contact information is included in the [IHCP Quick Reference Guide](#).

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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