



Indiana Telehealth Reimbursement Summary

July 14th, 2017

Medicare Telehealth Reimbursement Summary is available at:

<http://www.umtrc.org/resources/payers-reimbursement/medicare-telehealth-reimbursement-summary/?query=category.eq.Payers%20Reimbursement&back=Resources>

Indiana Health Coverage Programs (Traditional and Managed Medicaid)

Indiana Medicaid (traditional) and managed Medicaid plans cover telemedicine services according to regulations passed in 2007 and updated in 2013, 2014, 2016, and 2017.

All IHCP New, Bulletins, and Banner Pages are available on their website at:

http://provider.indianamedicaid.com/ihcp/Publications/bulletin_results.asp?page=1&doc_name=&archive=n#results

Indiana State Law Telemedicine/Telehealth Definition

“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 means a specific method of delivery of services, including medical exams and consultations and behavioral health evaluations and treatment, including those for substance abuse, using videoconferencing equipment to allow a provider to render an examination or other service to a patient at a distant location. The term does not include the use of the following: (1) a telephone transmitter for trans-telephonic monitoring. (2) a telephone or any other means of communication for the consultation from one (1) provider to another provider.”

Source: <http://www.in.gov/legislative/bills/2013/SE/SE0554.1.html>

Indiana Medicaid Reimbursement Fee Schedule

Indiana reimburses for telemedicine services according to its universal fee schedule posted on the Indiana Health Coverage Programs website at

<http://provider.indianamedicaid.com/media/156320/medical%20policy%20manual.pdf> See page 284-289 for information on the Telehealth and Telemedicine Services.

Commercial Payers

Corporate Office: 1418 N. 1000 W., Linton, IN 47441 Phone: 812-478-3919

Satellite Office: 2901 Ohio Blvd., Suite 240, Terre Haute, IN 47803

Phone: 812/478-3919 * Fax: 812/232-8602 * www.umtrc.org



Effective 7/1/2015, Indiana adopted a telehealth parity act. This bill provides for coverage of telemedicine services under a policy of accident and sickness insurance and a health maintenance contract. It does not include dental or vision insurance plans.

See Chapter 34 at <https://iga.in.gov/legislative/2015/bills/house/1269> for the full language of the bill.

Additional Details on Telehealth Policy can be found at the National Telehealth Policy Resource Center's website at: <http://telehealthpolicy.us/jurisdiction/42>

HB 1263 – Effective 7/1/2016

Provider/Patient relationship can be established during first telemedicine visit if applicable standards of care are provided.

As of July 1, 2016, a provider may issue a prescription to a patient who is receiving services through the use of telemedicine even if the patient has not been seen previously by the provider in person if the following conditions are met:

- (1) The provider has satisfied the applicable standard of care in the treatment of the patient.
- (2) The issuance of the prescription by the provider is within the provider's scope of practice and certification.
- (3) The prescription is not for a controlled substance (as defined in IC 35-48-1-9).
- (4) The prescription is not for an abortion-inducing drug (as defined in IC 16-18-2-1.6).
- (5) The prescription is not for an ophthalmic device, including:
 - (A) Glasses;
 - (B) Contact lenses; or
 - (C) Low vision devices.

Source <http://iga.in.gov/static-documents/4/6/a/1/46a1685d/HB1263.06.ENRS.pdf>

NEW LEGISLATION

HB 1337-Effective 7/1/2017

- Removes the 20 mile distance limitation for Indiana Medicaid Telemedicine Reimbursement for all providers
- Previously (based on 2014 laws), only FQHCs, RHCs, CAHs, and CMHCs were exempt
- Adds podiatrist to the definition of "prescriber" for purposes of telemedicine services.



- Requires a telemedicine services prescriber to contact the patient's primary care provider if the telemedicine services prescriber has provided care to the patient at least two consecutive times through the use of telemedicine services.
- Removes a limitation on prescribing controlled substances except for opioids through the use of telemedicine if:
 - 1) The prescriber maintains a controlled substance registration;
 - 2) The prescriber meets federal requirements concerning the prescribing of the controlled substance;
 - 3) The patient has been examined in person by a licensed Indiana health care provider that has established a treatment plan to assist the prescriber in the diagnosis of the patient;
 - 4) The prescriber has reviewed and approved the treatment plan and is prescribing for the patient pursuant to the treatment plan; and
 - 5) The prescriber complies with the requirements of the INSPECT program. Allows for the prescribing of an opioid using telemedicine services if the opioid being prescribed is a partial agonist being prescribed to treat or manage an opioid dependence.

Source: <https://iga.in.gov/legislative/2017/bills/house/1337#document-7797033f>

HB 1540- Effective 7/1/2017 Pharmacies and Pharmacists

- Allows the state health commissioner or a designated public health authority who is a licensed prescriber to issue a statewide standing order, prescription, or protocol that allows a pharmacist to administer or dispense a smoking cessation product.
- Adds the following immunizations to the list of immunizations that pharmacists may administer if certain conditions are met: (1) Measles, mumps, and rubella. (2) Varicella. (3) Hepatitis A. (4) Hepatitis B. (5) Haemophilus influenzae type b (Hib). Allows a pharmacist to administer pneumonia immunizations to individuals who are at least 50 years of age.
- Requires a pharmacist to comply with the public health emergency consent requirements for immunizations administered during a public health emergency. Authorizes a pharmacist to administer immunizations under a standing order, prescription, or protocol of the state health commissioner.
- Defines "patient care", "remote dispensing facilities" and "telepharmacy" for purposes of the laws concerning remote dispensing facilities.



- Establishes a registration for pharmacy remote dispensing facilities and sets forth requirements for the registration.
- NOTE: This allows for telepharmacy in the state of Indiana
- Requires that a health insurance policy and a health maintenance organization contract that provide coverage for prescription medications must provide for synchronized refill schedule coordination for prescription medications for chronic conditions.
- Provides that the taking of a controlled substance from:
 - (1) a pharmacist acting in an official capacity; or (2) a pharmacy; is robbery, a Level 4 felony.
- Provides that:
 - (1) the use of a deadly weapon; or (2) causing bodily injury to any person other than the defendant; during the robbery of: (A) a pharmacist acting in an official capacity; or (B) a pharmacy; is a Level 2 felony.
 - Provides that causing serious bodily injury to any person other than the defendant during a robbery of:
 - (1) a pharmacist acting in an official capacity; or (2) a pharmacy; is a Level 1 felony.

Source: <https://iga.in.gov/legislative/2017/bills/house/1540#document-69db09e3>

Appendix

Indiana Administrative Code – Rule 38 Telemedicine Services 405 IAC 5-38-1

General provisions

Sec. 1.

- a) 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 distant location. Telemedicine services are covered by Medicaid within the parameters specified in this rule.
- b) Telemedicine is not the use of a:
 - 1) telephone transmitter for trans-telephonic monitoring; or
 - 2) telephone or any other means of communication, consultation from one (1) doctor to another.

405 IAC 5-38-2 Definitions

Sec. 2.

The following definitions apply throughout this rule:

- 1) "Hub site" means the location of the physician or provider rendering consultation services.
- 2) "Interactive television" or "IATV" means the videoconferencing equipment at the hub and spoke site that allows real time, face-to-face consultation.
- 3) "Spoke site" means the location where the patient is physically located when services are provided.
- 4) "Store and forward" means the electronic transmission of medical information for subsequent review by a health care provider at the hub 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.

405 IAC 5-38-3 Description of service

Sec. 3.

- a) In any telemedicine encounter, there will be the following:
 - 1) A hub site.
 - 2) A spoke site.
 - 3) An attendant to connect the patient to the specialist at the hub site.
 - 4) A computer or television monitor to allow the patient to have:
 - real-time;
 - interactive; and



- face-to-face; communication with the hub specialist/consultant via IATV technology.
- b) Services may be rendered in an inpatient, outpatient, or office setting.

405 IAC 5-38-4 Limitations (updated with EA 554 updated language following the hearing on 8/28/2014 – see above)

Sec. 4.

Telemedicine shall be limited by the following conditions:

- 1) The patient must be:
 - a) physically present at the spoke site; and
 - b) participate in the visit.
- 2) The physician or practitioner who will be examining the patient from the hub site must determine if it is medically necessary for a medical professional to be at the spoke site. Separate reimbursement for a provider at the spoke site is payable only if that provider's presence is medically necessary. Adequate documentation must be maintained in the patient's medical record to support the need for the provider's presence at the spoke site during the visit. Such documentation is subject to post-payment review. If a health care provider's presence at the spoke site is medically necessary, billing of the appropriate evaluation and management code is permitted.
- 3) 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.
- 4) Reimbursement for telemedicine services for all other eligible providers is available only when the hub and spoke sites are greater than twenty (20) miles. Adequate documentation must be maintained as service is subject to post payment review.
- 5) Store and forward technology is not reimbursable by Medicaid. The use of store and forward technology is permissible as defined under section 2(4) of this rule.
- 6) The following service or provider types may not be reimbursed for telemedicine:
 - a) Ambulatory surgical centers.
 - b) Outpatient surgical services.
 - c) Home health agencies or services.
 - d) Radiological services.
 - e) Laboratory services.
 - f) Long term care facilities, including nursing homes intermediate care facilities or community residential facilities for the developmentally disabled.
 - g) Anesthesia services or nurse anesthetist services.



- h) Audiological services.
- i) Chiropractic services.
- j) Care coordination services.
- k) DME, medical supplies, hearing aids, or oxygen.
- l) Optical or optometric services.
- m) Podiatric services.
- n) Services billed by school corporations.
- o) Physical or speech therapy services.
- p) Transportation services.
- q) Services provided under a Medicaid waiver.

Prescribing

The new rule for prescribing controlled substance via telehealth is given in detail above under the HB 1337 details.

IC 12-15-5-11

Reimbursement for telehealth services and telemedicine services for certain providers; implementation; rules

Sec. 11.

- a) As used in this section, "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.
- b) As used in this section, "telemedicine services" means a specific method of delivery of services, including medical exams and consultations and behavioral health evaluations and treatment, including those for substance abuse, using videoconferencing equipment to allow a provider to render an examination or other service to a patient at a distant location. The term does not include the use of the following:
 - 1) A telephone transmitter for trans-telephonic monitoring.
 - 2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.
- c) The office shall reimburse a Medicaid provider who is licensed as a home health agency under IC 16-27-1 for telehealth services.
- d) The office shall reimburse the following Medicaid providers for telemedicine services:
 - 1) A federally qualified health center (as defined in 42 U.S.C. 1396d (1)(2)(B)).
 - 2) A rural health clinic (as defined in 42 U.S.C. 1396d (1)(1)).

Details for telemedicine services for FQHC and RHC is given below

- e) The office shall reimburse the following Medicaid providers for telemedicine services regardless of the distance between the provider and the patient:
 - 1) A federally qualified health center (as defined in 42 U.S.C. 1396d (1)(2)(B)).

Corporate Office: 1418 N. 1000 W., Linton, IN 47441 Phone: 812-478-3919

Satellite Office: 2901 Ohio Blvd., Suite 240, Terre Haute, IN 47803

Phone: 812/478-3919 * Fax: 812/232-8602 * www.umtrc.org



- 2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).
- 3) A community mental health center certified under

** Further details for FQHC and RHC is given below*

IC 12-21-2-3(5)(C).

- 4) A critical access hospital that meets the criteria under 42 CFR 485.601 et seq.
- f) The office shall, not later than December 1, 2013, file any Medicaid state plan amendment with the United States Department of Health and Human Services necessary to implement and administer this section, including an amendment to eliminate the current twenty (20) mile distance restriction.
- g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.
- h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.

As added by P.L.204-2013, SEC.3.

***Telemedicine Services for FQHCs and RHCs**

Subject to the following criteria, reimbursement is available to FQHCs and RHCs when they are serving as either the hub site or the spoke site for telemedicine services.

- When serving as the hub site (the location of the physician or provider rendering services), the service provided at the FQHC or RHC must meet both the requirements of a valid encounter and an approved telemedicine service as defined in the IHCP's telemedicine policy. Reimbursement is based on the prospective payment system (PPS) rate specific to the FQHC or RHC facility.
- When serving as the spoke site (the location where the patient is physically located), an FQHC or RHC 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. Reimbursement is based on the PPS rate specific to the FQHC or RHC facility.

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.



Separate reimbursement for merely serving as the spoke site is not available to FQHCs and RHCs. Neither the originating site 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. Pursuant to the Code of Federal Regulations 42 CFR 405.2463, an encounter is defined by the Centers for Medicare & Medicaid Services (CMS) as a face-to-face meeting between an eligible provider and a Medicaid member during which a medically necessary service is performed. Consistent with federal regulations, for an FQHC or RHC to receive reimbursement for services, including those for telemedicine, the criteria of a valid encounter must be met.

FQHC and RHC providers are reminded that their facility-specific PPS rate, which is calculated based on an FQHC's or RHC's operating costs, is an all-inclusive enhanced rate that covers any ancillary services that are not billable as valid encounters. FQHC and RHC providers may request an increase in their facility-specific PPS rate when the scope of services changes.

FQHCs and RHCs may submit telemedicine claims to a member's MCE and receive reconciliation review through Myers & Stauffer, which, in coordination with the Family and Social Services Administration (FSSA), determines billable and nonbillable services.

Source: <http://provider.indianamedicaid.com/media/156320/medical%20policy%20manual.pdf>

page 282

<http://provider.indianamedicaid.com/media/155583/telemedicine%20and%20telehealth%20services.pdf>

For more information on telehealth reimbursement for FQHCs and RHCs in Indiana [Click Here](#)

Corporate Office: 1418 N. 1000 W., Linton, IN 47441 Phone: 812-478-3919
Satellite Office: 2901 Ohio Blvd., Suite 240, Terre Haute, IN 47803
Phone: 812/478-3919 * Fax: 812/232-8602 * www.umtrc.org