

Indiana

Medicaid Program: Indiana Medicaid

Program Administrator: Indiana Family and Social Services Administration

Regional Telehealth Resource Center:

Upper Midwest Telehealth Resource Center

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| Definition of telemedicine/telehealth | |
| <p>“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 a distant location.”</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</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 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 transtelephonic monitoring. (2) a telephone or any other means of communication for the consultation from one (1) provider to another provider.”</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> | <p>No reference found.</p> |
| Live Video Reimbursement | |

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| (see Medicaid column) | <p>Indiana Code requires reimbursement for video conferencing for FQHC, Rural Health Clinic, Community Mental Health Centers, and Critical Access Hospital providers.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>Indiana Medicaid will reimburse for live video, as long as certain conditions are met.</p> <p>The hub site provider must determine if it is medically necessary for a medical professional to be at the spoke site.</p> <p>For a medical professional to receive reimbursement for professional services in addition to payment for spoke services, medical necessity must be documented. If it is medically necessary for a medical professional to be with the member at the spoke site, the spoke 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.</p> <p><i>Source (authorization): IN Admin. Code, Title 405, 5-38-1 (2012).</i></p> <p><i>Source (hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 (2012) & IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 139 (Jun. 5, 2014). http://provider.indianamedicaid.com/ihcp/manuals/chapter08.pdf</i></p> <p>Reimbursement for the following:</p> <p>Consultations Office or other outpatient visit Individual psychotherapy Psychiatric diagnostic interview Pharmacologic management End-stage renal disease (ESRD) services</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 140 (Jun. 5, 2014).</i></p> <p>No reimbursement for the following:</p> <ul style="list-style-type: none"> • 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; |

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| | <ul style="list-style-type: none"> • Chiropractic services; • Care coordination services; • Durable medical equipment, medical supplies, hearing aids, or oxygen; • Optical or optometric services; • Podiatric services; • Services billed by school corporations; • Physical or speech therapy services; • Transportation services; • Services provided under a Medicaid waiver. <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012) & IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 139-40 (Jun. 5, 2014).</i></p> |
| Store and Forward Reimbursement | |
| (see Medicaid column) | <p>Indiana Medicaid will not reimburse for store and forward services.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012).</i></p> <p>However, there is reimbursement for store and forward technology to facilitate other reimbursable services. Separate reimbursement of the spoke-site payment is not provided for this technology.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p 139, (Jun. 5, 2014).</i></p> |
| Remote Patient Monitoring Reimbursement | |
| (see Medicaid column) | <p>Indiana Code requires Medicaid to reimburse providers who are licensed as a home health agency for telehealth services.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>Indiana Medicaid will reimburse providers for telehealth services provided as home health services.</p> <p>Must have one of the following conditions:</p> <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease • Congestive heart failure • Diabetes <p>Must initially have two or more of the following events related to one of the conditions listed above within the previous twelve months:</p> <ul style="list-style-type: none"> • Emergency room visit • Inpatient hospital stay <p>A licensed registered nurse must perform the reading of transmitted health information.</p> <p><i>Source: IN Admin Code, Title 405, 5-16-3.1.</i></p> <p>Indiana Medicaid considers telemedicine as “not a</p> |

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| | <p>telephone transmitter for transtelephonic monitoring.”</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p> |
| Email/Phone/FAX | |
| <p>No reference found for email. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p> | <p>No reference found for email. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 139 (Jun. 5, 2014).</i></p> |
| Online Prescribing | |
| <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 e-prescriptions.</p> <p><i>Source: IN Admin. Code, Title 844, 5-3-2 (2012).</i></p> <p>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.</p> <p><i>Source: IN Code, 25-22.5-14.</i></p> | <p>No reference found.</p> |
| Consent | |
| <p>No reference found.</p> | <p>The spoke site must obtain patient consent. The consent must be maintained at the hub and spoke sites.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 141 (Jun. 5, 2014).</i></p> |
| Location | |
| <p>The patient must be physically present at the spoke site and participate in the visit.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012).</i></p> | <p>Indiana Code requires the amendment of the Medicaid state plan (by Dec. 1, 2013) to eliminate the current twenty mile distance restriction.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>There is reimbursement for telemedicine services only when the hub and spoke sites are greater than 20 miles apart.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 140 (Jun. 5, 2014).</i></p> <p>Reimbursement for telemedicine services is available to the following providers regardless of the distance between the provider and recipient:</p> <ul style="list-style-type: none"> • Federally Qualified Health Centers • Rural Health Clinics |

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| | <ul style="list-style-type: none"> • Community mental health centers • Critical access hospitals <p><i>Source: IN Admin Code, 405 5-38-4.</i></p> |
| Cross-State Licensing | |
| No reference found. | No reference found. |
| Private Payers | |
| No reference found. | No reference found. |
| Site/Transmission Fee | |
| No reference found. | <p>Spoke sites are reimbursed a facility fee.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 141 (Jun. 5, 2014).</i></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><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 141 Jun. 5, 2014).</i></p> |