

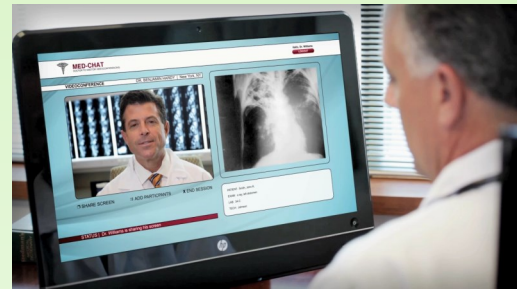
# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201807    MARCH 2, 2018

## IHCP revises policy for telemedicine services

Effective April 1, 2018, the Indiana Health Coverage Programs (IHCP) is revising its coverage policy regarding telemedicine services to align with *Indiana Code (IC)*.

- The IHCP is revising policy terminology to match terminology used in *IC 25-1-9.5* by replacing references to “hub site” and “spoke site” with the following terms:
  - **Distant site** (formerly hub site): Location of the provider rendering healthcare services
  - **Originating site** (formerly spoke site): Location where the patient is physically located when services are provided through telemedicine



- The IHCP will eliminate the requirement that telemedicine services are covered only when the **distant site** (the location of the provider rendering services) and the **originating site** (the physical location of the patient) are greater than 20 miles apart. **The distance requirement will be eliminated for all provider types eligible to render telemedicine services (see IC 12-15-5-11).**

This policy change applies to all IHCP programs, subject to limitations established for certain benefit packages and applies retroactively to dates of service (DOS) on or after **October 1, 2017**.

Also, to further clarify, *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 a partial agonist (such as buprenorphine) **and** is being used to treat or manage opioid dependence.

When billing telemedicine services for fee-for-service (FFS) members, providers are encouraged to use place of service (POS) code 02 – *The location where health services and health related services are provided or received, through a telecommunication system*. The POS code 02 describes services furnished via telemedicine. Questions about billing telemedicine services for managed care members should be directed to the managed care entity (MCE) with which the member is enrolled.

### QUESTIONS?

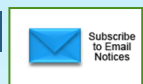
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