

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202037 APRIL 7, 2020

Note: This bulletin has been updated.
The speech therapy example was corrected to 44X.



IHCP COVID-19 Response: Facility fees, modifier GT usage, and HCBS clarified for telemedicine billing

Effective March 1, 2020, and through the duration of the Governor's declaration of the public health emergency for the coronavirus disease 2019 (COVID-19) outbreak, Indiana Health Coverage Programs (IHCP)-enrolled providers may use the following billing guidance for telemedicine services.

For services rendered through telemedicine, providers may bill facility fees, as appropriate, on an institutional claim (*UB-04* claim form, IHCP Provider Healthcare Portal institutional claim, or 837I electronic transaction). If a facility fee is billed for a member who is usually seen in person, the facility fee can be billed if the service is rendered through telemedicine.

In situations where facilities bill a valid revenue code and procedure code combination, the IHCP strongly encourages facilities that billed on an institutional claim (*UB-04* claim form or its electronic equivalent) to bill the services rendered through telemedicine with modifier GT – *Via interactive audio and video telecommunication systems*. This modifier will be used to indicate that services were furnished through telemedicine communication.

Appropriate facility fees billed through telemedicine will be reimbursed. The following are examples of appropriate facility fees:

- Speech Therapy – 44X
- Behavioral Health Services – 90X

Facility fees **not** considered appropriate for telemedicine reimbursement are services such as, but not limited to, the following:

- Magnetic Resonance Technology – 61X
- EKG/ECG (Electrocardiogram) – 73X

Telemedicine claims will be subject to postpayment review to determine if reimbursement is appropriate.

Clarification and correction for use of GT modifier

When billing for telemedicine services not listed on *Telemedicine Services Codes* (accessible from the [Code Sets](#) page at in.gov/medicaid/providers), providers are **encouraged**, but not required, to bill using modifier GT – *Via interactive audio and video telecommunication systems*. This is a change from previously issued guidance in *IHCP Bulletin BT202022*.

HCBS billing

At this time, home and community-based services (HCBS) providers can provide services via telemedicine; however, CoreMMIS does not allow modifier GT to be billed with HCBS claims. Providers will need to record that the service was performed via telemedicine in the patient records. At this time we do not see this changing; however, the Office of Medicaid Policy and Planning (OMPP) will notify providers of any changes being made.

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