

IHCP *bulletin*

Note: This bulletin has been updated. The telehealth policy change is effective July 11, 2021. See [BT202145](#) for more information.

INDIANA HEALTH COVERAGE PROGRAMS BT202142 JUNE 8, 2021


IHCP announces policy update for telehealth services

The Indiana Health Coverage Programs (IHCP) expanded the ability for healthcare providers to provide telehealth services (previously called telemedicine services) throughout the duration of the [Governor's Declaration of Public Health Emergency for Coronavirus Disease 2019 Outbreak](#).

The expanded telehealth services were first published in IHCP Bulletin [BT202022](#) and later clarified in [BT202037](#), [BT202071](#) and [BT2020106](#). These expansions were granted to the Family and Social Services Administration (FSSA) via Executive Orders (EOs) [20-05](#), [20-12](#) and [20-13](#). Signed into law on April 20, 2021, [Senate Enrolled Act \(SEA\) 3](#) (at iga.in.gov/legislative/2021/bills/senate/3) codifies many of these telehealth policy expansions.

The IHCP will follow the rules laid out in this legislation and update the IHCP policies as needed. SEA 3 made the following changes to telehealth (Indiana Code IC 25-1-9.5-6):

- Removed the term “telemedicine” and changed to using only the term “telehealth.”
- **Definition:** Telehealth means the delivery of healthcare services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), including: secure videoconferencing, store-and-forward technology or remote patient monitoring technology, between a provider in one location and a patient in another location. The term does not include the use of the following unless the practitioner has an established relationship with the patient: electronic mail, an instant messaging conversation, facsimile, internet questionnaire or an internet consultation.
- **Eligible Providers:** The following practitioners are authorized to provide telehealth services under the scope of their licensure within the state of Indiana. The IHCP will allow these providers to provide telehealth services and receive reimbursement for IHCP services, within the established IHCP billing rules and policies:
 - A behavior analyst licensed under IC 25-8.5
 - A chiropractor licensed under IC 25-10
 - A dental hygienist licensed under IC 25-13*
 - The following:
 - ◆ A dentist licensed under IC 25-14
 - ◆ An individual who holds a dental residency permit issued under IC 25-14-1-5*
 - ◆ An individual who holds a dental faculty licensed under IC 25-14-1-5.5*

- A diabetes educator licensed under IC 25-14.3*
 - A dietitian licensed under IC 25-14.5*
 - A genetic counselor licensed under IC 25-17.3
 - The following:
 - ◆ A physician licensed under IC 25-22.5
 - ◆ An individual who holds a temporary medical permit under IC 22-22.5-5-4*
 - A nurse licensed under IC 25-23*
 - An occupational therapist licensed under IC 25-23.5
 - Any behavioral health and human services professional licensed under IC 25-23.6
 - An optometrist licensed under IC 25-24
 - A pharmacist licensed under IC 25-26*
 - A physical therapist licensed under IC 25-27
 - A physician assistant licensed under IC 5-27.5
 - A podiatrist licensed under IC 25-29
 - A psychologist licensed under IC 25-33
 - A respiratory care practitioner licensed under IC 25-34.5*
 - A speech-language pathologist or audiologist licensed under IC 25-35.6
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*** Some providers (within the licensure citations above) marked with an asterisk may not be able to enroll as rendering providers in the IHCP and must bill under the IHCP-enrolled supervising practitioner's National Provider Identifier (NPI) using the appropriate modifiers (as applicable).**

In addition, providers not on this list are not allowed to practice telehealth and/or receive IHCP reimbursement for such services, even under the supervision of one of these listed practitioners.

- **Audio-Only:** The IHCP will continue to allow and offer reimbursement for audio-only telehealth. The IHCP will continue to explore the option of audio-only telehealth and its effectiveness in delivering healthcare services and provide updates when more specific policy details have been determined. Until further notice, audio-only telehealth services should be billed according to the guidance released in [BT2020106](#) and used only when the care can be properly delivered via audio-only telehealth.
- **Allowable Services:** The following services may **not** be provided using telehealth: surgical procedures, radiological services, laboratory services, anesthesia services, care coordination without the member present, durable medical equipment (DME)/home medical equipment (HME) services, provider-to-provider consultation, and services that require hands-on physical interaction or manipulation with the patient.
 - In the future, the IHCP plans to return to using a procedure code set for allowable services provided via telehealth, as written in policy prior to the public health emergency. However, the code set will be expanded to allow for healthcare services that can be provided by the practitioners outlined in SEA 3 and will incorporate the ability to provide audio-only telehealth. Until the code set is updated and published, IHCP providers should follow the billing guidance released in [BT2020106](#).

All services delivered through telehealth 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 telehealth, clearly identify the location of the provider and patient and be available for postpayment review. During the state-declared public health emergency, the provider and/or patient may be located in their home(s) during the time of these services.



This publication applies to fee-for-service (FFS) and managed care benefit plans. Any future telehealth policy changes will be announced with a 30-day notice prior to the effective date.

QUESTIONS?

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