

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202238    MAY 17, 2022

## IHCP establishes billing and prior authorization requirements for RPM services

As published in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2021112](#), the Office of Medicaid Policy and Planning (OMPP) is updating its telehealth policies to meet the needs of IHCP members both during and after the coronavirus disease 2019 (COVID-19) public health emergency. As a result of these policy updates, the IHCP will be adding new coverage for remote patient monitoring (RPM) services for IHCP members.

Effective for dates of service on or after July 21, 2022, procedure codes 99091, 99453, 99454, 99457 and 99458 will be covered RPM services. RPM or “remote patient monitoring technology” is listed under the definition of telehealth services per *Indiana Code IC 25-1-9.5-6*. For a complete list of IHCP-covered RPM services, see [Table 1](#).

### Prior authorization requirements

The IHCP is implementing a single RPM coverage and prior authorization (PA) policy to be used for fee-for-service (FFS) and managed care delivery systems. This coverage and PA policy apply to all IHCP programs that offer such services – including but not limited to Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid.

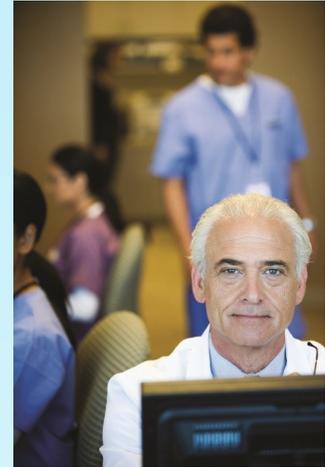
PA is required for specified RPM services, as indicated in [Table 1](#). Effective for dates of service on or after July 21, 2022, the following items must be submitted with the RPM PA request:

- Prescriber’s written order for RPM, signed and dated by the prescriber
- A plan of care (POC), signed and dated by the prescriber that includes:
  - Monitoring criteria and interventions for the treatment of the member developed by the member’s prescriber  
*Note: The monitoring criteria and interventions should be directly related to the member’s chronic conditions.*
  - A clear outline of the patient’s health data, information to be monitored and measured, and the circumstances under which the ordering prescriber should be contacted to address any potential health concerns
  - The frequency a qualified practitioner will be performing a reading of the transmitted health information



The member must meet **one** or more of the following criteria to receive prior authorization for an RPM service (duration of initial service authorization is six months unless otherwise indicated):

- Received an organ transplantation within one year following the date of surgery.
- Had a surgical procedure (three-month service authorization following the date of surgery).
- Had one or more uncontrolled chronic conditions that significantly impaired the patient's health or resulted in two or more related hospitalizations or emergency department visits in the previous 12 months.
- Had been readmitted within 30 days for the same or similar diagnosis or condition.
- Identified as having a high-risk pregnancy (up to three-month service authorization postpartum). See the [Obstetrical and Gynecological Services](#) provider reference module for more information about high-risk pregnancy.



Reauthorizations will be permitted for select services as appropriate.

### Billing requirements

For the reimbursement of RPM services, the procedure code billed must be listed on [Table 1](#). Additionally, the claim must have **both** of the following:

- An appropriate place of service (POS) of **one** of the following:
  - 02 – Telehealth provided other than in patient's home
  - 10 – Telehealth provided in the patient's home
- The following modifier:
  - 95 – Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system

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***IHCP providers enrolled as home health agencies will continue to use procedure code 99600 – Unlisted home visit, service, or procedure and modifiers U1 or U1 TD for the submission of RPM telehealth claims. However, home health agencies will follow the PA policies that are outlined in this bulletin for these services.***

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### For more information

The information in this bulletin will be reflected in a future update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

*Telehealth Service Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers), will be updated with the newly covered codes as well as all other procedure codes from [Table 1](#) that are not already listed there (98975, 98976, 98977, 98980, 98981, 99473 and 99474).

The [Telemedicine and Telehealth Services](#) provider reference module will also be updated.

For questions on IHCP telehealth policy, email [telehealth.ompp@fssa.in.gov](mailto:telehealth.ompp@fssa.in.gov). Otherwise, all questions related to FFS billing or PA criteria for RPM should be directed to Gainwell Technologies at 800-457-4584. Questions about managed care billing and PA related to these RPM policies must be directed to the managed care entity (MCE) with which the member is enrolled.

*Table 1 – Procedure codes covered for RPM telehealth services*

<b>Code</b>	<b>Code description</b>	<b>Requires PA?</b>
93228	Heart rhythm tracing, computer analysis, and interpretation of patient-triggered events greater than 24-hour EKG up to 30 days	No
93229	Heart rhythm tracing, computer analysis, physician prescribed transmission of patient-triggered events greater than 24-hour EKG up to 30 days	No
93268	Heart rhythm symptom-related tracing and interpretation of 24-hour EKG monitoring up to 30 days	No
93270	Heart rhythm symptom-related tracing of 24-hour EKG monitoring up to 30 days	No
93271	Heart rhythm symptom-related transmission and analysis of 24-hour EKG monitoring up to 30 days	No
93272	Heart rhythm symptom-related interpretation of 24-hour EKG monitoring up to 30 days	No
93298	Remote evaluations of heart rhythm monitor system implanted under skin with qualified health care professional analysis, review, and report, up to 30 days	No
98975	Set-up and patient education for remote monitoring of therapy	Yes
98976	Device supply with schedule recording and transmission for remote monitoring of respiratory system, per 30 days	Yes
98977	Device supply with schedule recording and transmission for remote monitoring of musculoskeletal system, per 30 days	Yes
98980	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 20 minutes per calendar month	Yes
98981	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, each additional 20 minutes per calendar month	Yes
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	Yes
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Yes
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Yes
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Yes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	Yes
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	No
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	No

**QUESTIONS?**

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