

IHCP *bulletin*

Note: This bulletin has been corrected. The second Indiana Code reference noted on page 2 has been updated to IC 25-1-9.5-3.5.

INDIANA HEALTH COVERAGE PROGRAMS BT202249 JUNE 30, 2022

IHCP adds additional coverage in response to SEA 284 telehealth billing guidance

In response to *Senate Enrolled Act [SEA 284](#)* (effective July 1, 2022), the Indiana Health Coverage Programs (IHCP) will be adding the following additional codes to the 2022 telehealth and virtual services code set effective for dates of service (DOS) on or after July 21, 2022. These codes will be included under the telehealth medical services category.

This policy revision applies to all IHCP programs that offer telehealth services, including but not limited to Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid. Services are only available via telehealth for members who have access to the same services if they were to be rendered in person (for example, member is eligible to receive services via prior authorization requirements, service package eligibility, and so on). Audio-only flexibilities for these services are indicated in Table 1.

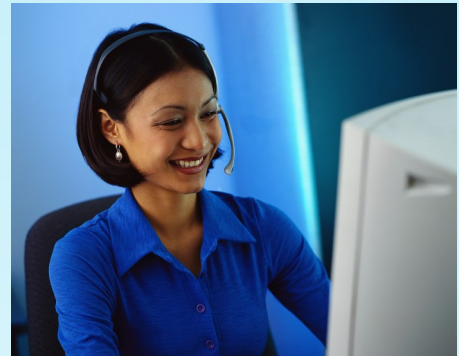


Table 1 – Telehealth procedure codes effective for DOS on or after July 21, 2022

Code	Description	Audio-only (Can be billed with 93 modifier)
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes	No
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/ caregiver(s), every 15 minutes	No
H0038	Self-help/peer services, per 15 minutes	Yes
H2014*	Skills training and development, per 15 minutes	No

**Only available through the Medicaid Rehabilitation Option benefit*

For reimbursement of these services rendered via telehealth, the claim must have:

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

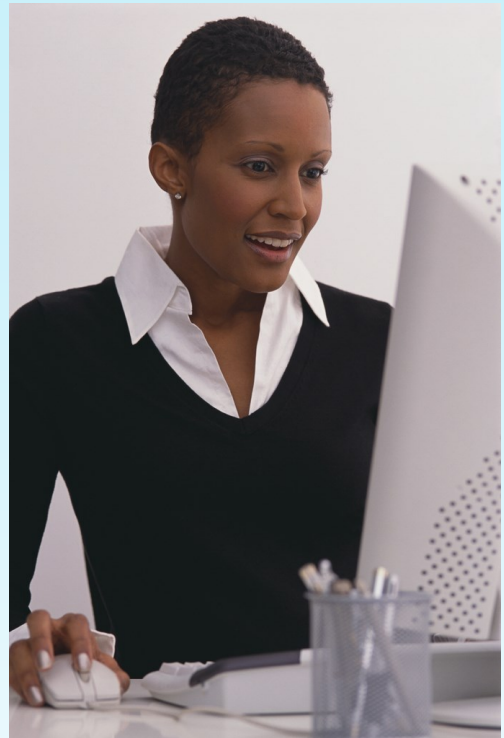
For a list of all services reimbursable when rendered via telehealth, see *IHCP Bulletin [BT022239](#)*.

Applied behavior analysis therapy services via telehealth

The IHCP provides coverage for applied behavior analysis (ABA) therapy when medically necessary for the treatment of autism spectrum disorder (ASD). All ABA therapy services require prior authorization (PA).

Besides the PA criteria outlined in the [Behavioral Health Services](#) provider reference module, procedure codes 97155 and 97156 are subject to the following additional requirements when rendered via telehealth:

- Credentialed registered behavior technicians (RBTs) may not deliver any ABA service via telehealth. Only a health service provider in psychology (HSPP), or a licensed or board-certified behavior analyst (BCBA) are eligible for using telehealth when supervising the delivery of ABA services remotely.
 - See *Indiana Code* [IC 25-1-9.5-3.5](#) for a complete list of practitioners eligible to render services via telehealth within the state of Indiana.
- Procedure code 97155 is reimbursable via telehealth only when an HSPP or BCBA is providing guidance/supervision to an RBT remotely, and the RBT is rendering adaptive behavioral treatment in person to the member.
- All ABA services must include synchronous audiovisual interaction. No ABA services are reimbursable when delivered via audio-only telehealth.



Skills training and development via telehealth

Skills training and development is only for eligible members who have access to Medicaid Rehabilitation Option (MRO) services. Skills training and development involves face-to-face contact with the member and/or the member's family or nonprofessional caregivers that results in the member's development of skills (for example, self care, daily life management or problem-solving skills), in an individual or group setting, directed toward eliminating psychosocial barriers. The Office of Medicaid Policy and Planning (OMPP) is currently working in partnership with the Division of Mental Health and Addiction (DMHA) to develop appropriate service parameters/limitations specific to skills training and development when the "face-to-face" contact required per this service description is being satisfied via telehealth.

At this time, providers can render skills training and development via telehealth so long as the practitioner rendering the service is deemed eligible per *IC 25-1-9.5-3.5*. This service must be delivered via audiovisual telehealth and is not reimbursable via audio-only telehealth. More requirements on the rendering of skills training and development via telehealth will be forthcoming in another publication.

Additional telehealth clarification points

In response to provider questions received after the publication of the 2022 telehealth and virtual services code set, the IHCP wanted to also clarify the following point when it comes to rendering telehealth services:

- Specifics published in [BT202239](#) are for the billing of telehealth services as a professional service on a professional claim (CMS-1500 claim form or electronic equivalent).
 - Therefore if you are billing a telehealth service as an outpatient claim (UB-04 claim form or electronic equivalent), and the procedure code/service is indicated as allowable via telehealth per the telehealth and virtual services code set, please indicate the service was delivered via telehealth using the appropriate modifier (93 or 95) if applicable. No place of service (POS) requirements are applicable with this type of billing.
 - If the service cannot be billed with an applicable procedure code (for example, revenue codes 905 or 906 cannot be billed with a procedure code), that service is still allowable for reimbursement via telehealth. It does not follow guidance previously published in [BT202239](#) as POS/modifier requirements are not applicable in this case. Please mark in your patient records that these services were delivered via telehealth.



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