

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201454 OCTOBER 28, 2014

IHCP to cover group and family crisis psychotherapy telemedicine services

Effective December 1, 2014, the Indiana Health Coverage Programs (IHCP) will cover group and family crisis psychotherapy telemedicine services. The IHCP will cover the group and family psychotherapy Current Procedural Terminology (CPT^{®1}) codes in Table 1 when delivered as telemedicine services. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages, for dates of service on or after December 1, 2014.

Table 1 – Group and family crisis psychotherapy CPT Codes covered as telemedicine services for DOS on or after December 1, 2014

CPT Code	Description
90846	Family therapy (without the patient present)
90847	Family therapy (conjoint psychotherapy) (with patient present)
90853	Group psychotherapy (other than of a multiple-family group)

The following reimbursement information applies:

Pricing: Consult Fee Schedule.

Prior authorization: Per the outpatient mental health services prior authorization (PA) requirements, PA is required for mental health services provided in an outpatient or office setting (which includes telemedicine) that exceed 20 units per member, per provider, per rolling 12-month period. Please see [Chapter 6: Prior Authorization](#) of the *IHCP Provider Manual* for additional criteria.

Billing Guidance: Providers that render psychotherapy services via telemedicine at the hub site (the location of the physician or provider rendering services) are reminded to use Modifier GT – *Via interactive audio and video telecommunications system* to denote telemedicine services when billing the CPT codes in Table 1. Spoke sites (the location where the patient is physically located) are reimbursed a facility fee and are instructed to bill Healthcare



Common Procedure Coding System (HCPCS) code Q3014 – *Telehealth originating site facility fee*. The GT modifier must also be used to denote telemedicine services for the spoke sites. The payment amount is equal to the current Fee Schedule amount. Please see [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual* for additional billing procedures.

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These coverage changes will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system. Questions about FFS-PA should be directed to ADVANTAGE Health SolutionsSM at 1-800-269-5720. Questions about RBMC-PA should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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