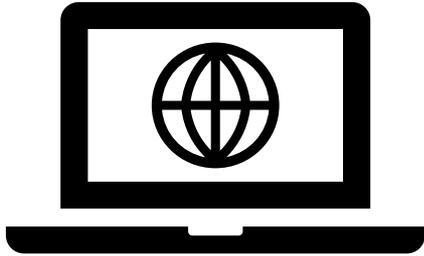


Telehealth Recap: 2022 Policy Changes

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning

Lindsay Baywol, MPA
Coverage & Benefits





Telehealth Background

Pre, During, and Post PHE





Pre vs. During PHE Telehealth Policy

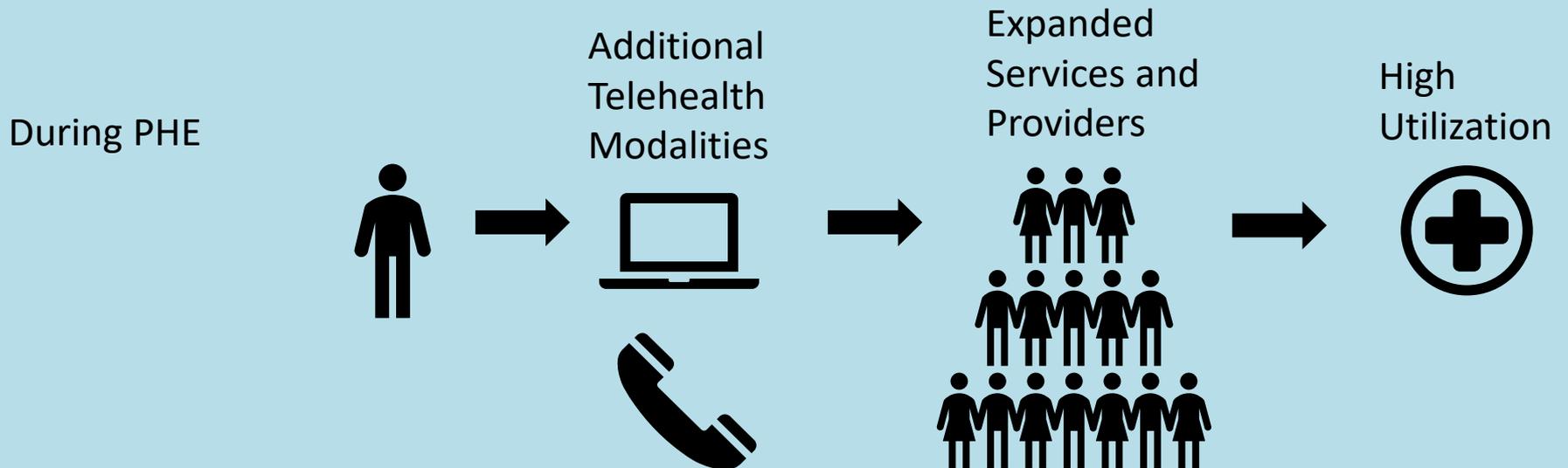
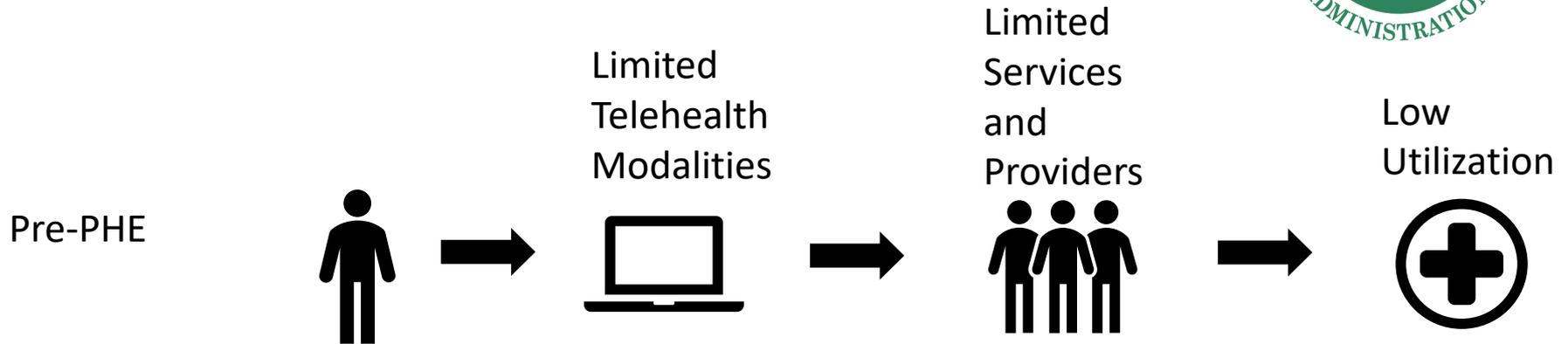
Pre PHE

- Limited provider types and services able to be delivered via telehealth

During PHE

- Expanded provider types and services
- Not limited to Telemedicine Services Code Set
- Allowed for telephone/audio-only telehealth

For example, an IHCP member is seeking health care via telehealth...



Un-Winding PHE Policies

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning





2022 Telehealth and Virtual Services Code Set

- Indiana Health Coverage Programs (IHCP) is updating telehealth policies to keep most PHE flexibilities, while still complying with SEA 3(2021)
- The IHCP is establishing a telehealth and virtual services code set to designate which services will be reimbursed by IHCP
- The new code set will be used during 2022 and will be revised as needed for 2023
 - Please see [BT202239](#) for the full list of services able to be delivered via telehealth



Code Set Development

- Telehealth coverage was determined based on:

Proposed Code Set Feedback

- [BT2021112](#)

Claims/Utilization Review

- Telehealth Dashboard

FSSA Feedback

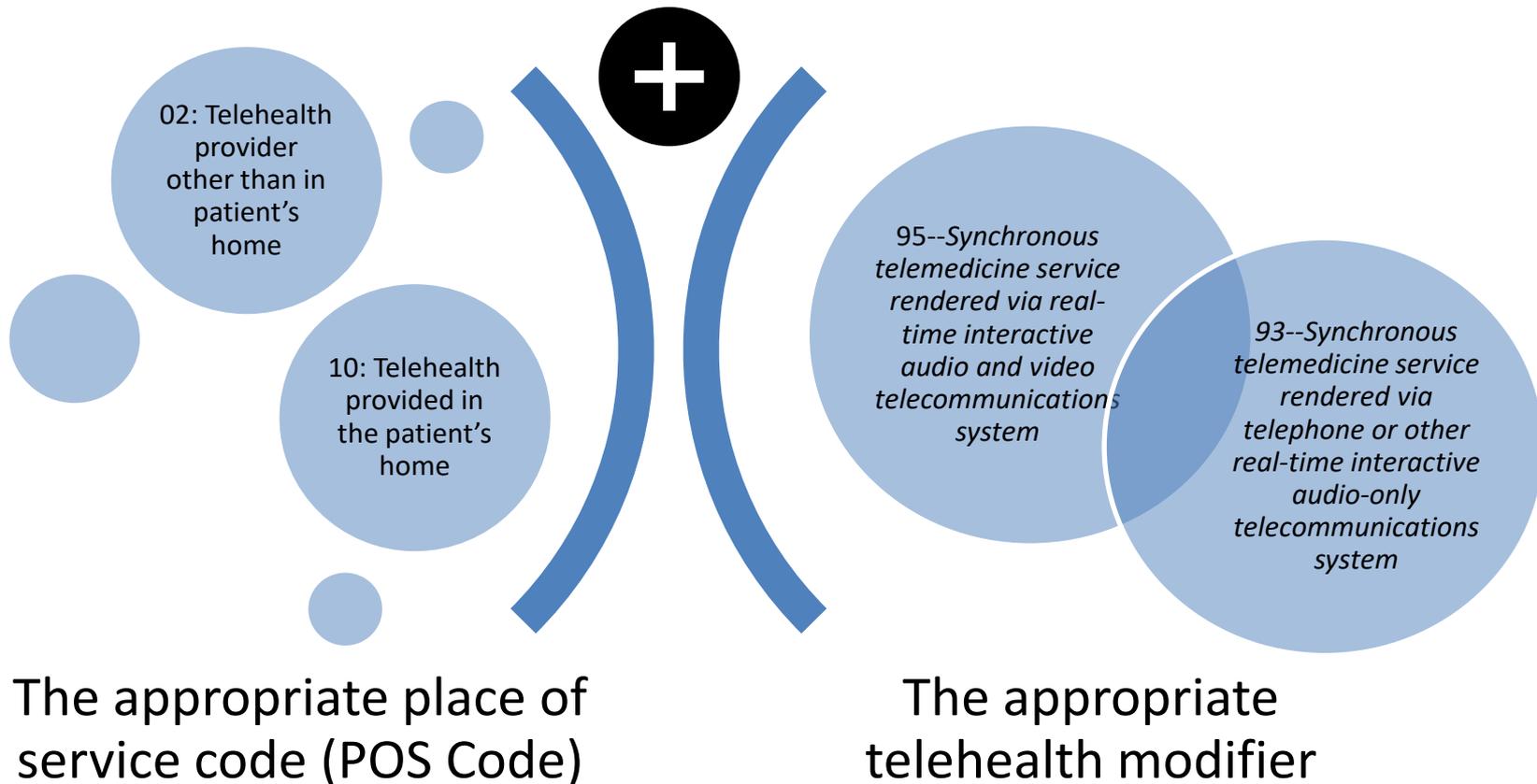
- FSSA: DA, DDRS, DMHA
- MCEs: Anthem, CareSource, MDwise, MHS

Medicare Telehealth Policies

Policy Consideration Review

Billing Guidelines

- The provider must be enrolled with IHCP and be a practitioner listed in IC 25-1-9.5-3.5
- The procedure code must be listed in the 2022 Telehealth and Virtual Services Code Set
- The claim must have both:



New Services for Telehealth Coverage



Expanded Behavioral Health Services



Expanded Physical/Occupational/ Speech Therapy Options



Audiological Services



Remote Patient Monitoring



Optometry Services



Pediatric/Child Evaluations



Remote Patient Monitoring

Remote patient monitoring (RPM) or “remote patient monitoring technology” is listed under the definition of telehealth services per [IC 25-1-9.5-6](#). Codes that IHCP recognizes as “remote patient monitoring” are featured in [BT202238](#)

In order for a member to receive an RPM service requiring prior authorization, the patient must meet **ONE** or more of the following criteria:

Organ transplantation within one year following the date of surgery

Patient is post-surgery (3 months service authorization following the date of surgery)

One or more uncontrolled chronic conditions that significantly impair the patient’s health

Patient was readmitted to ED within thirty (30) days for the same/similar diagnosis/condition

Patient is a high-risk pregnant person (up to 3 months service authorization post-partum)

Intensive Outpatient Treatment via Telehealth

- IHCP views telehealth IOT as a pilot initiative
- All providers submitting claims for telehealth IOT will automatically be included in the study and are expected to participate by providing data if requested
 - Telehealth IOT will be available for 12 months after which the data collected will be analyzed by the Division of Mental Health and Addiction (DMHA). For questions, email dmhadata@fssa.in.gov
- IOT performed via telehealth requires that the following are met:
 - Intake is performed in-person
 - Check-in must be performed by a staff member (case manager or peer) prior to IOT session
 - A max of eight patients per telehealth IOT group
 - Must have a video component
 - One one-on-one meeting must occur every seven days between staff (case manager, peer) and patient
 - Every virtual program must also have an in-person option available
- *More details on requirements located in [BT202239](#)*



Telehealth Legislation Updates

Effective July 1st, 2022



SEA 284: “Telehealth Matters” (2022)

Case Management

- Case management, care management, service coordination, or care coordination services are not included in the definition of a “health care service”
- Telehealth is the delivery of “health care services” using “interactive electronic communications”
- Therefore, case management/care coordination delivered virtually is not “telehealth” and does not need to be provided by a specified practitioner listed in IC 25-1-9.5-3.5.

Additional Practitioners

- Licensed Occupational Therapy Assistants
- Licensed School Psychologists
- Developmental Therapists
- Clinical Fellows in Speech Language Pathology
- A Student who is pursuing a program in a profession listed in IC 25-1-9.5-3.5 and working under a licensed professional
- Peer Specialists
- “Qualified Behavioral Health Professionals” and “Other Behavioral Health Professionals” working in a Community Mental Health Center
- Certified Physical Therapist Assistant
- Behavioral Analyst awaiting licensure under IC 25-8.5



More yet to come...

Prior to July 1st, OMPP will
publish updated telehealth
billing guidance to address
SEA 284 changes



Questions?

Email:

Telehealth.OMPP@fssa.in.gov

Thanks!

