

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202297 NOVEMBER 8, 2022

IHCP expands and clarifies telehealth coverage

Effective Dec. 9, 2022, the Indiana Health Coverage Programs (IHCP) is expanding the list of telehealth services that are covered when provided via audio-only. The IHCP is also clarifying its parameters regarding skills training and development rendered via telehealth.

Expansion of audio-only coverage

The IHCP is updating the telehealth and virtual services code set to allow additional services to be reimbursed when rendered via telephone or other audio-only telecommunications systems. Effective for dates of service (DOS) on and after Dec. 9, 2022, the procedure codes in [Table 1](#) will be allowable when provided as audio-only telehealth.



As published in *IHCP Bulletin* [BT202239](#), for a practitioner to receive reimbursement for telehealth services, the procedure code must be listed in the telehealth and virtual services code set (see *Telehealth and Virtual Services Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/provider](https://www.in.gov/medicaid/provider)), and must be a service for which the member is eligible. Additionally, the claim detail must have:

- One of the following place of service (POS) codes:
 - 02 – *Telehealth provided other than in patient's home*
 - 10 – *Telehealth provided in the patient's home*
- One of the following modifiers:
 - 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*

Modifier 93 (audio-only) is allowable only for certain, designated telehealth services.

Effective Dec. 9, 2022, the IHCP will allow reimbursement for the telehealth services specified in [Table 1](#) when billed with the appropriate POS code and the audio-only modifier (93).

Table 1 – Telehealth services updated to allow audio-only delivery, effective for DOS on or after Dec. 9, 2022

Procedure codes	Description
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straight forward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

This updated coverage applies 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. The telehealth and virtual services code set is used by both fee-for-service (FFS) and managed care delivery systems. This updated code set will remain in place for the remainder of 2022 and 2023, and will be reevaluated by the Office of Medicaid Policy and Planning (OMPP) at the end of 2023.

Skills training and development rendered via telehealth

As published in [BT202249](#), the IHCP reimburses for H2014 – *Skills training and development, per 15 minutes* when the service is rendered through an audiovisual telehealth modality. Skills training and development is covered only for members who have access to Medicaid Rehabilitation Option (MRO) services. The OMPP, in partnership with the Division of Mental Health and Addiction (DMHA), developed the following service parameters for when telehealth delivery satisfies the “face-to-face” contact required for this service. Providers are expected to have these service parameters in place by Dec. 9, 2022, when rendering skills training and development via telehealth:

- All clients being considered for telehealth services must be given the option of in-person services prior to telehealth being selected as modality.
- Client must indicate that telehealth is their preferred method for receiving services.
- Client must have documented acknowledgement of receipt of informed consent about risks/benefits of the telehealth modality.



- Within 30 days of the first telehealth session occurring, a licensed behavioral health practitioner, health service provider in psychology (HSPP) or overseeing psychiatric medical professional must document verification that telehealth is thought to be an effective modality for client based on symptoms, severity and access to services.
- Telehealth modality must be formally reviewed with client every 90 days and adjusted based on need/efficacy.
- If client is not progressing/stabilizing, evaluation of how treatment will be adjusted must be documented. This adjustment may include increasing in-person sessions.
- All skills training sessions should have clearly documented connection to diagnosis and/or treatment goals.
- At minimum, client must have an in-person session with a member of the treatment team every 90 days. This session may be in the home, community or office setting.



Skills training and development is not permissible via *audio-only* telehealth modalities. If behavioral health assistance needs to be rendered via audio-only telehealth modalities, the procedure codes in Table 2 are reimbursable via audio-only telehealth per IHCP policy and may be used in place of skills training and development services. For more billing information on these codes, see [BT202239](#) and [BT202249](#).

Table 2 – Other behavioral health services available via audio-only telehealth

Procedure code	Description	Additional billing notes
H0038	Self-help/peer service, per 15 minutes	Peer recovery services are individual, face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports and maintenance of community living skills. Peer recovery services must be delivered by individuals certified in peer recovery services per the DMHA training and competency standards for a certified recovery specialist (CRS).
H2011	Crisis intervention service, per 15 minutes	<p>Crisis intervention is a short-term emergency behavioral health service, available 24 hours a day, seven days a week. Crisis intervention includes crisis assessment, planning and counseling specific to the crisis. If a member needs immediate skills training assistance, crisis intervention services may be billed in substitution of skills training based on urgent need.</p> <p>This may include the following:</p> <ul style="list-style-type: none"> • Life-coping skill coaching, helping navigate a systemic barrier, anger management intervention, dialectical behavior therapy skills training, and so forth • A crisis, such as inclement weather and school closure, that makes standard skills training and development unable to be performed in person, and when no audiovisual telehealth modalities are readily available <p>Crisis intervention should be limited to occasions when a member suffers an acute episode, when the patient is in imminent risk of harm to self or others, or when the patient is experiencing a new symptom that places the member at risk.</p>

All healthcare services using interactive electronic communications and information technology must be in compliance with the federal *Health Insurance Portability and Accountability Act* (HIPAA) per *Indiana Code* [IC 25-1-9.5-6](#). Providers rendering skills training and development via telehealth must be a practitioner deemed eligible per [IC 25-1-9.5-3.5](#).

For more information

For questions on these updates to IHCP telehealth policy, email telehealth.ompp@fssa.in.gov. Otherwise, all questions related to FFS billing should be directed to Gainwell Technologies at 800-457-4584. Questions about managed care billing must be directed to the managed care entity (MCE) with which the member is enrolled.

Please see the following IHCP bulletins for more information on telehealth coverage under IHCP:

- [BT202253](#)
- [BT202249](#)
- [BT202239](#)
- [BT202238](#)



QUESTIONS?

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