

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202332    APRIL 25, 2023

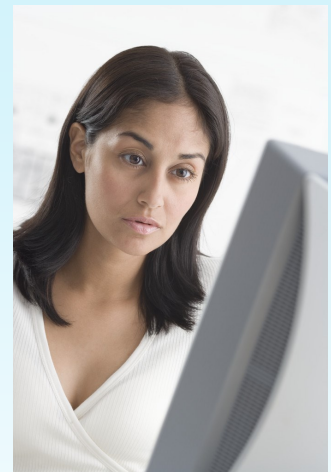
## IHCP expands procedure code Q3014 to additional providers

As the Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletin* [BT202239](#), the current IHCP Telehealth and Virtual Services code set includes coverage of procedure code Q3014 – *Telehealth originating site facility fee*. Per *Indiana Code IC 25-1-9.5-3*, “originating site” means any site at which a patient is located at the time healthcare services through telehealth are provided to the individual. Accordingly, eligible providers may be reimbursed for procedure code Q3014 when the provider location is acting as an originating site for telehealth services.

A recent internal review revealed that certain behavioral health providers were incorrectly identified as ineligible to perform telehealth services and were excluded from receiving reimbursement for the originating site payment.

Effective immediately, and retroactive to dates of services (DOS) on or after **July 21, 2022**, the following specialties under provider type 11 – *Behavioral Health Provider* will be able to receive reimbursement for procedure code Q3014 when their offices or facilities are acting as an originating telehealth site for members:

- 616 – Licensed Psychologist
- 617 – Licensed Independent Practice School Psychologist
- 618 – Licensed Clinical Social Worker (LCSW)
- 619 – Licensed Marriage and Family Therapist (LMFT)
- 620 – Licensed Mental Health Counselor (LMHC)
- 621 – Licensed Clinical Addiction Counselor (LCAC)



For claims affected by this change, providers can resubmit the claims within 90 days from the date of this publication for managed care claims, or 180 days from the date of publication for fee-for service (FFS) claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page) when submitting claims beyond the standard filing limit.

Coverage information will be reflected in *Behavioral Health Services Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

This reimbursement and billing information applies to services delivered under the FFS delivery system. IHCP managed care entities (MCEs) are also expected to follow this billing update.

Individual MCEs establish and publish reimbursement and billing criteria within the managed care delivery system. Questions about managed care reimbursement, prior authorization and billing should be directed to the MCE with which the member is enrolled.

**QUESTIONS?**

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