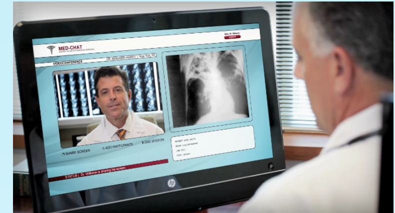
IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202049 APRIL 21, 2020

IHCP COVID-19 Response: Telemedicine FAQs as of April 21



The Indiana Health Coverage Programs (IHCP) is providing this frequently asked questions (FAQs) bulletin on telemedicine services for providers during the public health emergency due to the coronavirus disease 2019 (COVID-19). See *IHCP Bulletin* BT202034 for previous telemedicine FAQs.

1. ***Is prior authorization needed for rendering telemedicine services?***
   Prior authorization (PA) is required for the *service*, not the mode of service delivery (telemedicine). If a service definition requires PA for face-to-face encounters, the service will still require PA for telemedicine encounters. The requirement for PA for a service does not change based on the mode of service delivery.

2. ***Is there a requirement to bill condition code DR and modifier CR for COVID-19 testing?***
   Fee-for-service (FFS) Traditional Medicaid will accept the condition code DR and modifier CR, but does not require the code and modifier to be submitted. The managed care entities (MCEs) also do not have this requirement.

3. ***Schools currently have parental consent to render services to students. Is it required for schools to get an additional consent for telemedicine?***
   Member consent should be obtained for both the service and the service delivery (such as telemedicine). Consent should be documented as outlined in BT202034.

4. ***What home health services can be delivered via telemedicine?***
   Providers may use their professional discretion to determine what services can be provided via telemedicine. Please see BT202040 for additional details regarding home health and telemedicine.

5. ***When can providers bill a facility fee when using telemedicine?***
   Providers may continue to bill a facility fee if the service previously allowed for billing facility fees as long as the provider uses their professional discretion to determine that the service can be provided via telemedicine. See BT202037 and *IHCP Banner Page* BR202016 for more information about billing for facility fees.

6. ***What is the guidance for providing physical, speech, or occupational therapy services via telemedicine?***
   Speech therapy (ST), physical therapy (PT), and occupational therapy (OT) can be provided via telemedicine; however, there must be a video component. Executive Order 20-13 excludes these services from audio-only telemedicine. Because these services are not listed on *Telemedicine Services Codes* (accessible from the Code Sets page at in.gov/medicaid/providers), but are IHCP covered codes, providers should bill with the place of service most relevant to the patient's location and are encouraged to use the GT modifier. Providers should keep documentation of what services were rendered via telemedicine in the patient's medical file. The IHCP asks that providers use their professional discretion when deciding what services are suitable for telemedicine.

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7. ***Are evaluation and management codes (including well-child visits) allowed under the expanded telemedicine guidelines?***
   Yes. It is IHCP's intent to allow providers to continue any service that can be reasonably provided via telemedicine. These codes should be billed as described in *BT202022* with the place of service most relevant to the patient's location and the GT modifier.

8. ***Can the IHCP clarify how providers should perform well-child visits through telemedicine during the emergency declaration?***
   The IHCP encourages in-person well visits and immunization of infants and young children through 24 months of age. The IHCP considers telemedicine appropriate for well-child visits for children age 24 months and older. These visits should be billed using the appropriate procedure code and will be reimbursed at the same rate as in-office visits. For well-child checks handled via telephone or video, providers need to complete the visit components that were unable to be done by telemedicine in a follow-up visit within 6 months of the end of the public health emergency. This follow-up visit should be billed using the evaluation and management (E/M) code that is most appropriate for the complexity of the follow-up visit. For children age 24 months and younger, providers should use professional discretion regarding how to most safely deliver this care. Office modifications to consider include: dedicated space for well-child checks, drive-through immunizations, or special sessions for well-child care only. For additional information, see the *Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19* page at aap.org.

QUESTIONS?

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