



March 24, 2020

## **Guidance on Telehealth Implementation and Billing**

Guidance on Telehealth Best Practices and Billing has changed rapidly during the COVID-19 outbreak, and we have some important updates to share with you that will impact your billing practices. **We have been working through your questions and have been in regular communication with the Indiana Family and Social Services Administration and the Office of Medicaid Policy and Planning**, and can now provide the following guidance. Because information is changing rapidly, please check back regularly for additional updates and developments.

## **Telehealth Considerations during COVID-19 Response**

The scope of telehealth has been greatly increased in response to the COVID-19 outbreak, and some regulations have been lifted on a temporary basis. **The following information will be useful to ensure** that you get reimbursed for your time and effort.

### 1. HIPPA Concerns

HHS has issued the follow statement: *a covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.*<sup>1</sup>

### 2. Expanded Telehealth

Beginning March 19, Indiana Medicaid will allow interactions between patients and doctors and other health care providers, as well as other Medicaid service deliveries, to occur either over the phone or through the use of telemedicine technologies whenever possible. Effective immediately, most health services will be reimbursed as if they took place in person. This policy will remain in place – and telemedicine/telephone interactions will be encouraged – for as long as Indiana remains under a declaration of a public health emergency by Governor Eric Holcomb.<sup>2</sup>

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<sup>1</sup> <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

<sup>2</sup> [https://www.in.gov/fssa/files/telemedicine\\_release\\_3\\_19\\_FINAL.pdf](https://www.in.gov/fssa/files/telemedicine_release_3_19_FINAL.pdf)



### 3. Billing Guidance from FSSA

During Indiana’s public health emergency, coverage of telemedicine services will not be limited to the codes on the Telemedicine Services Codes (accessible from the Code Sets page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)).

When billing telemedicine for services not listed on Telemedicine Services Codes, providers must include both of the following on the claim:

- a. Valid procedure code(s) for the IHCP covered service
- b. Modifier GT – Via interactive audio and video telecommunication systems (This modifier will be used to indicate that services were furnished through telemedicine communication.)<sup>3</sup>

### **What Does this Mean for My Practice?**

The practical implication of these changes is to encourage home telehealth encounters by allowing higher E/M code (99211-99215) reimbursement for telephone or video encounters with patients.

With patient volumes down drastically, every practice will be financially strained. Traditionally, the pediatric medical home has performed some of these services, such as telephone calls, as a courtesy or ‘pro bono.’ **This current crisis highlights the need to be reimbursed for all our services.**

**The following telehealth considerations are based on guidance from FSSA and OMPP.**

### **Keys for documentation include:**

1. Consent from patient to conduct telehealth services
2. Informing patient that insurance will be billed
3. Using E/M codes 99211-99215 **even if the encounter is telephone only and does not include video.**

### **Sample Language for EMR:**

Given the on-going Coronavirus pandemic and institution of social distancing to protect vulnerable patients, this visit was converted to a tele-medicine visit, patient is aware of the serious public health concern, understands and agrees, and has been advised to call the office as soon as possible or contact emergency services for any worsening of their clinical status. Total time spent on this video visit: (\*)

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<sup>3</sup> [https://www.in.gov/fssa/files/telemed\\_billing\\_guide.pdf](https://www.in.gov/fssa/files/telemed_billing_guide.pdf)