IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2020106 SEPTEMBER 24, 2020

IHCP COVID-19 Response: IHCP announces revised billing guidance for telemedicine services

The Indiana Health Coverage Programs (IHCP) is announcing revised billing guidance for telemedicine policies that were published in *IHCP Bulletin* BT202037 and *IHCP Banner Page* BR202016 in response to the public health emergency due to the coronavirus disease 2019 (COVID-19). This publication applies to fee-for-service (FFS) and managed care benefit plans. These changes are required as of October 24, 2020, and through the duration of the public health emergency. However, providers may take advantage of these changes immediately by billing as described, beginning with claims for dates of services (DOS) on or after September 24, 2020.

To better align with temporary Medicare billing guidance issued in response to COVID-19, providers must bill for services rendered through telemedicine using the place of service (POS) code that would have been reported had the service been furnished in person, **and** modifier GT – *Via interactive audio and video telecommunication systems*. This change applies only to professional claims (*CMS-1500* claim forms, IHCP Provider Healthcare Portal professional claims, and 837P electronic transactions). Additionally, this change ensures that providers are reimbursed for services rendered through telemedicine at the same rate as if services were provided in-person.

This guidance applies to all covered services, except home and community-based services (HCBS) waivers*, rendered through telemedicine, **including the covered services listed in the IHCP *Telemedicine Services Codes*** (previously billed with POS code 02 and modifier 95). The *Telemedicine Services Codes* are accessible from the *Code Sets* page at in.gov/medicaid/providers.

When rendering HCBS waiver services through telemedicine, see the billing guidance published in IHCP Bulletin BT202037 and IHCP Banner Page BR202016.

QUESTIONS?

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