

## INDIANA MEDICAID TO REIMBURSE HOME HEALTH AGENCIES FOR CERTAIN TELEHEALTH SERVICES

Senate Enrolled Act 554 from the 2013 legislative session set the stage for an upcoming change in Medicaid policy that will provide reimbursement for certain telehealth services provided by Home Health Agencies ("HHAs"). The Indiana Health Coverage Programs ("IHCP") released Bulletin BT201454 earlier this week outlining the policy change that will cover an HHA's remote monitoring of data related to an IHCP member's *qualifying* chronic diagnoses. The change takes effect December 1, 2014 and targets these three chronic conditions: congestive heart failure, chronic obstructive pulmonary disease ("COPD") and diabetes.

In order to qualify for coverage, the IHCP member must have had two or more "qualifying events" within the last twelve months. These qualifying events provide evidence the chronic condition is "uncontrolled" and include emergency room visits and inpatient hospital stays. It should be noted that ER visits resulting in an inpatient admission do not constitute two separate events. As indicated above, the qualifying events must be for treatment of one of the following: congestive heart failure, COPD or diabetes.

Prior Authorization ("PA") is required for all telehealth services under existing Indiana regulations. The telehealth PA request must include a physician's written order that is signed and dated by the physician, an attestation from the HHA that the equipment to be placed in the member's home is capable of monitoring data parameters in the plan of treatment and the data transmission meets HIPAA compliance standards.

Reimbursement will be available for dates of service on or after December 1, 2014. The new telehealth procedure codes will be available in the next monthly update to Indiana Medicaid's fee schedule. See IHCP Bulletin BT201454 for details on the PA process, billing guidance and reimbursement requirements.

If you have any questions regarding the policy change, please contact:

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