

# Insights

## Indiana Improves Telemedicine Reimbursement During COVID Emergency

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The Indiana Office of Medicaid Policy and Planning (“OMPP”) **announced** new changes to telemedicine reimbursement that aligns all Medicaid payor policies (fee-for-service and Medicaid managed care). The changes, applicable to claims with dates of service beginning September 24, 2020, allow providers to use codes that reimburse at the higher, non-facility, rate. Such policy changes will continue through the COVID-19 public health emergency.

The changes announced in BT2020106, published September 24, 2020, are intended to make telemedicine reimbursement policies consistent with Medicare and across Medicaid payors. Specifically, the changes now require Medicaid providers to bill for telemedicine services using the place of service code that would have been reported had the service been furnished in person and modifier GT. The change allows providers to be reimbursed for services rendered through telemedicine at the same rate as if services were provided in-person. This means that providers may be paid the non-facility charge for both Medicaid Fee-For-Service and Medicaid managed care claims, which is typically a higher rate. The change also ensures that Indiana’s Medicaid managed care payors (Anthem, CareSource, MHS, and MDwise) apply this same telemedicine reimbursement policy. BT2020106 supersedes any prior telemedicine policies that conflict with its provisions as referenced in BT2020106. OMPP comments that the changes are required as of October 24, 2020, but providers may take advantage of the changes for claims with dates of service on and after September 24, 2020.

If you have any questions about telemedicine or how reimbursement laws or policies affect your business, contact **Brandon W. Shirley** or **Stephanie T. Eckerle**.