Medicaid policy regarding telehealth services is covered in 471 NAC 1-006. Coverage for individual services/procedures within the following broad service areas is to be determined by policy staff.

### ADA DENTAL CLAIM FORM INSTRUCTIONS

**TELEHEALTH SERVICE COSTS**

If a Dental provider chooses to perform services via Telehealth, the provider will need to enroll with a new Telehealth-specific provider number.

Dental services covered by Medicaid as telehealth services and delivered via telecommunications technology at approved telehealth sites may be submitted on the 1999 version 2000 ADA Dental Claim Form or the standard electronic Health Care Claim: Dental transaction (ASC X12N 837).

To bill for a telehealth service, use the telehealth provider number and bill services per claim instructions in the Dental Provider Handbook. Note: In Field #45 enter the service rendering dentist’s social security number or in Field #47 enter the service rendering dentist’s license number. In Field #49, Place of Treatment, check “OTHER.”

Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

**TELEHEALTH TRANSMISSION COSTS**

To bill telehealth transmission costs, use procedure code T1014 in Field 59, Procedure Code and enter the number of minutes of transmission in Qty. Transmission time less than 5 minutes for a telehealth service is deemed negligible and is not reimbursed. See example below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Tooth</th>
<th>Surface</th>
<th>Diagnosis Index #</th>
<th>Procedure Code</th>
<th>Qty</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 27 2004</td>
<td></td>
<td></td>
<td></td>
<td>T1014</td>
<td>20</td>
<td>telehealth transmission</td>
</tr>
</tbody>
</table>

Payment for transmission costs is set at the lower of submitted charge or maximum allowable. The maximum allowable amount is set at the highest USF subsidized monthly rate in Nebraska for transmission up to a T1 line, assuming an 8 hour per day/5 day per week usage to determine a per minute unit of reimbursement. The current per minute maximum allowable is $.08 per minute.

**SERVICES THAT MAY NOT BE PROVIDED VIA TELEHEALTH**

Dental services not covered by Medicaid as telehealth services are: D0210-D0340, D0415-D1205, D1351, D1510-D9999.

04-01-05
Medicaid Division