

State of Indiana

Attachment 4.19-B  
Page 1a.1**I. B. Summary of exceptions to the RBRVS reimbursement methodology (continued)****4. Continued from previous page:**

Rates paid to providers in accordance with the methods described in Attachment 4.19-B for dental services are subject to a five percent (5%) rate reduction for services provided on or after April 1, 2010. The 5% rate reduction will remain in effect through June 30, 2013. These rates are published at the State's website, [www.indianamedicaid.com](http://www.indianamedicaid.com).

5. For telemedicine services provided through interactive television, a facility fee for the spoke site (the location where the patient is physically present) is reimbursed at the lesser of the provider's billed charge or the maximum allowance established by the Office of Medicaid Policy and Planning. The reimbursement rate is paid for one unit per encounter, and the maximum allowance is a state-wide rate based on Medicare's 2005 allowance for the spoke site service.

If a health care provider's presence at the spoke site is determined to be medically necessary by the provider at the hub site, separate reimbursement is available for the appropriate evaluation and management code for the service provided.

The maximum allowance for reimbursement to the hub site (the location of the practitioner providing the consultation services) is based on specific Evaluation and Management (E&M) and End Stage Renal Disease codes and paid as if a traditional encounter were performed.

Except as otherwise noted in the plan, state-developed fee schedule rates for telemedicine services are the same for both governmental and private providers. The agency's fee schedule rate was set as of July 1, 2007 and is effective for services provided on or after that date. All rates are published at the State's website, [www.indianamedicaid.com](http://www.indianamedicaid.com).

TN: 11-007  
Supersedes  
TN: 10-003

Approval Date: JUN 28 2011

Effective Date: July 1, 2011