

1 Public Protection Cabinet

2 Department of Insurance

3 Division of Health, Life Insurance and Managed Care

4 (Amendment)

5 806 KAR 17:270. Telehealth claim forms and records.

6 RELATES TO: KRS 304.17A-138

7 STATUTORY AUTHORITY: KRS 304.2-110(1), 304.17A-138(4)

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110(1) authorizes

9 ~~[provides that]~~ the commissioner to ~~[executive director may]~~ promulgate reasonable
10 administrative regulations necessary for or as an aid to the effectuation of any provision of the
11 Kentucky Insurance Code as defined in KRS 304.1-010. KRS 304.17A-138(4) requires that the
12 department ~~[office]~~ promulgate an administrative regulation in accordance with KRS Chapter
13 13A to designate the claim forms and records required to be maintained for telehealth claims.

14 Section 1. Definitions. (1) "ADA" means American Dental Association.

15 (2) "Electronic" or "electronically" is defined by KRS 304.17A-700(7).

16 (3) "HCFA" means Health Care Financing Administration.

17 (4) "Health benefit plan" is defined by KRS 304.17A-005(22).

18 (5) "Health care provider" or "provider" is defined by KRS 304.17A-005(23).

1 (6) "Health insurer" or "insurer" is defined by KRS 304.17A-005(29) [~~KRS 304.17A-~~
2 ~~005(27)~~].

3 (7) "Kentucky Uniform Billing Committee (KUBC)" is defined by KRS 304.17A-
4 700(13).

5 (8) "National Uniform Billing Committee (NUBC)" is defined by KRS 304.17A-700(14).

6 (9) "Telehealth" is defined by KRS 311.550(17).

7 (10) "UB" means uniform billing.

8 Section 2. Application. This administrative regulation shall apply to health benefit plans
9 delivered, issued, or renewed on or after July 15, 2001.

10 Section 3. Claim Forms. The following claim forms shall be used for reimbursement of
11 telehealth consultations:

12 (1) A claim form for dentists shall consist of the ADA Dental Claim Form- J430 [~~ADA~~
13 ~~Form—J588~~] approved by the American Dental Association effective at the time the service was
14 billed; and

15 (2) A claim form for all other health care providers shall consist of the HCFA - 1500 data
16 set or its successor submitted on the designated paper or electronic format as adopted by the
17 National Uniform Claims Committee effective at the time the service was billed.

18 Section 4. Retention of Records. A provider shall, upon request, provide a copy of the
19 following to an insurer as support for a claim for reimbursement of a telehealth consultation:

20 (1) Written record that [~~which~~] substantiates the request by the referring provider for the
21 telehealth consultation by the primary care provider; and

22 (2) Written record of the telehealth consultation.

1 Section 5. Material Incorporated by Reference. (1) The following material is incorporated
2 by reference:

3 (a) ADA Dental Claim Form -J430, 5/2019 [~~ADA Form -J588, "Dental Claim Form"~~
4 (~~1999 version 2000~~)]; and

5 (b) Form HCFA - 1500, "Health Insurance Claim Form", 2/2012 [~~(12-90 Edition)~~].

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8 Mero Street [~~215 West Main Street~~], Frankfort, Kentucky 40601, Monday through Friday, 8 a.m.
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10 <http://insurance.ky.gov/ppc>.