



Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Medicaid Handbook Transmittal Letter (MHTL) 3334-20-06

DATE: November 5, 2020

TO: Eligible Providers of Medicaid Services
Chief Executive Officers, Managed Care Plans (MCPs)

FROM: Maureen M. Corcoran, Director

SUBJECT: Telehealth rule updates

Summary

Effective November 15, 2020, new rule 5160-1-18, entitled “Telehealth” will be adopted by the Ohio Department of Medicaid. This rule includes many provisions implemented through emergency rules 5160-1-21 and 5160-1-21.1 that were filed in response to the COVID-19 pandemic and state of emergency declared by Ohio Governor Mike DeWine. Under state law, emergency rules are temporary and only effective for 120 days from the date of filing. To ensure Telehealth provisions and flexibilities implemented through emergency rules can continue through the pandemic, ODM is adopting this new Ohio Administrative Code (OAC) rule through the regular rule filing process.

To be rescinded as of 11/15/2020: Rule 5160-1-18, entitled “Telehealth”, that has been effective since 7/4/2019 will be rescinded as more than half of the rule requires amending to incorporate these new provisions. Many provisions from this rule will be replaced in the new rule of the same number and title that will be effective November 15, 2020.

To be adopted as of 11/15/2020: Rule 5160-1-18, entitled “Telehealth,” provides definitional information, identifies eligible rendering and billing providers, covered telehealth services, provider responsibilities and information regarding the submission and payment of telehealth claims. It includes many of the same provisions from the emergency rules and rule 5160-1-18 that is being proposed for rescission. The following changes are included in this rule:

- The definition of telehealth is expanded to include the following activities that do not have both audio and video elements:
 - Telephone calls
 - Remote patient monitoring

- Communication with patients through secure electronic mail or a secure patient portal.
- For behavioral health providers eligible under rule 5160-27-01 of the OAC, telehealth is defined in rule 5122-29-31 of the OAC.
- This rule removes restrictions on patient site and practitioner site locations
- The list of practitioners eligible to render services using telehealth is expanded to include:
 - Supervised practitioners, trainees, residents, and interns as defined in rules 5160-4-05 and 5160-8-05 of the Administrative Code.
 - Audiologists, speech-language pathologists, occupational therapists, physical therapists
 - Speech-language pathology aides, audiology aides, occupational therapy assistants, physical therapist assistants
 - Individuals holding a conditional license as defined in Chapter 4753. of the Revised Code.
 - Home health and hospice aides
 - Private duty registered nurses (RN) or licensed practical nurses (LPN) working in a home health or hospice setting
 - Dentists
 - Medicaid School Program (MSP) providers
 - Dietitians
 - Behavioral health practitioners as defined in OAC rule 5160-27-01
 - Optometrists
 - Other practitioners if specifically authorized in rules filed under Agency 5160 of the Administrative Code
- The list of services eligible for payment when provided through telehealth is expanded to include:
 - Remote evaluation of recorded video or images submitted by an established patient
 - Virtual check-ins for established patients
 - Online digital evaluation and management services for established patients
 - Remote patient monitoring
 - Physical therapy, occupational therapy, audiology, and speech-language therapy services
 - Additional behavioral health services
 - Medical nutrition services and
 - Lactation counseling provided by dietitians
 - Psychological and neuropsychological testing
 - Smoking and tobacco cessation counseling
 - Developmental test administration

- Limited or periodic oral evaluations
- Hospice services
- Private duty nursing services
- State plan home health services
- Dialysis related services
- Services under the Specialized Recovery Services (SRS) program
- Optometry services

- A professional **or** institutional claim may be submitted for telehealth services
 - Outpatient hospitals can submit an institutional claim for telehealth services provided by licensed psychologists and independent practitioners not eligible to separately bill when practicing in an outpatient hospital setting (i.e., licensed occupational therapists, licensed physical therapists, licensed independent social workers, etc.)

- For a covered telehealth service that is also an FQHC or RHC service, the face-to-face requirement is waived, and payment is made in accordance with Chapter 5160-28 of the Administrative Code.

- Appendix A contains the exhaustive list of procedure codes available for telehealth. As of 11/15/2020, the following changes will be reflected:
 - Procedure codes removed:
 - Q3014
 - 99443
 - Procedure codes added:
 - D0120
 - 90785
 - 90846
 - 90847
 - 90849
 - 90853
 - 92012
 - 92065
 - 97542

- Appendix B contains the list of modifiers used to identify patient location when applicable
 - This does not apply to OhioMHAS certified providers as described in 5160-27-01

- Unless otherwise stated in billing guidelines:
 - The GT modifier must be included on the claim to identify the service as telehealth

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- The place of service (POS) code reported on a professional claim must reflect the physical location of the practitioner. The POS code set is maintained by the Centers for Medicare and Medicaid Services (CMS) and can be found here: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
 - Place of service 02 (Telehealth) will not be accepted on claims where Medicaid is the primary payer

Billing Guidelines

- For most providers, the guidelines for billing telehealth during the COVID-19 state of emergency will be available on the ODM website here:
<https://medicaid.ohio.gov/COVID/ODM-Emergency-Telehealth>
- For behavioral health agencies certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), billing guidelines can be found in the the Behavioral Health Provider Manual here: <https://bh.medicaid.ohio.gov/manuals>

Access to Rules and Related Material

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is <http://www.medicaid.ohio.gov>

Additional Information

Questions pertaining to this letter should be addressed to:

Ohio Department of Medicaid
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