



Medicaid Advisory Letter (MAL) No. 631

DATE: April 1, 2019

TO: Federally Qualified Health Centers and Rural Health Clinics Enrolled as
Medicaid Providers
Chief Executive Officers, Medicaid Managed Care Plans
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: *Payment for Services Rendered Through Telemedicine at a
Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)*

The Ohio Department of Medicaid (ODM) is providing this guidance in response to recent questions about how an FQHC or RHC should submit claims for services rendered through telemedicine. A list of covered telemedicine services and provider requirements are set forth in Ohio Administrative Code (OAC) rule 5160-1-18.

Payment (including wraparound payment) for covered FQHC and RHC services listed in OAC rules 5160-28-03.1 and 5160-28-3.3 is made under the prospective payment system (PPS). For Medicaid payment purposes, a covered telemedicine service that is rendered at an FQHC or RHC as the distant site provider via a real-time, two-way interactive communication is to be treated as an FQHC or RHC service, and therefore, subject to payment under the PPS per visit payment amounts. On a claim, an FQHC or RHC must indicate that a procedure was rendered through telemedicine by appending modifier GT to the procedure code.

Serving as the originating site for a telemedicine service is not an FQHC or RHC service. If conditions of the originating site fee are met, an FQHC or RHC may submit a claim under its ambulatory health care clinic (provider type 50) provider number. The fee-for-service payment amount for the originating site fee is listed in Appendix DD to OAC rule 5160-1-60. No originating site provider may receive both a telemedicine originating fee and payment for an evaluation and management service or psychiatry service provided to a patient on the same day.

The Medicaid managed care plans (MCPs) may have different claim submission requirements for telemedicine. Questions concerning MCP telemedicine claims should be directed to the MCPs.

Please be aware that ODM is currently reviewing the telemedicine policy in accordance with rule 5160-1-18 and plans to issue revisions in 2019.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid:

Provider call center: (800) 686-1516
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