



COVID-19 EMERGENCY TELEHEALTH RULES FREQUENTLY ASKED QUESTIONS

Updated April 13, 2020

The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS), in partnership with the Governor's Office, executed emergency rules to expand and enhance telehealth options for Ohioans and their providers. These rules relax regulations so more people can be served safely in their homes, rather than needing to travel to health care providers' facilities. This set of regulatory changes is being collectively implemented by our departments to help reduce risk of exposure to COVID-19 for patients, their families, and our health care workforce that is engaged in the community response to COVID-19. The Governor's [Executive Order 2020-05D](#) adopts/amends the following emergency rules:

- ODM's [5160-1-21 Telehealth during a state of emergency](#) and its [appendix](#) (new rule)
- OhioMHAS' [5122-29-31 Interactive videoconferencing](#) (rule amendment)

This rule package promotes access to a wide set of medical and behavioral health services; ODM will quickly work to issue additional telehealth regulatory relief to address other types of practitioners and providers, including those working in the areas of long term services and supports (nursing facilities, Medicaid waiver home and community-based services for individuals with developmental disabilities and other home care needs, home health, private duty nursing, intermediate care facilities, and others.)

Please note: While the OhioMHAS emergency rule applies to all community behavioral health providers certified by OhioMHAS, the ODM emergency rule only applies to individuals covered by Medicaid and their providers. ODM's emergency rule will be implemented by Medicaid fee-for-service, Medicaid Managed Care Plans (MCPs), and MyCare Ohio Plans (MCOPs).

ODM will make its emergency rule effective beginning on the date Governor DeWine declared a state of emergency: March 9, 2020.

This is the second version of questions and answers to assist providers as they continue to deliver services during the crisis. Please visit Ohio Medicaid's [COVID-19 website](#) for ongoing updates **and detailed telehealth billing guidance**. Additional questions and feedback regarding Medicaid policy can be directed to medicaid@medicaid.ohio.gov.

Additional COVID-19 information and resources can be found at coronavirus.ohio.gov or by calling 1-833-4-ASK-ODH (1-833-427-5634).

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Q1: Why are you filing emergency rules? When will they become effective?

A: ODM's emergency rule expands telehealth access, loosens requirements for patient/provider interactions, broadens the network of providers that can bill Medicaid, the MCPs, and the MCOPs for telehealth services, and greatly expands the list of services that can be billed by these providers using telehealth.

OhioMHAS's emergency rule creates additional flexibilities in the agency's regulations governing interactive videoconferencing for the providers certified by the agency.

The rule package will be made effective on March 9, 2020 - the date Governor DeWine declared a state of emergency.

Q2: What does the emergency rule package do?

A: The ODM and OhioMHAS emergency rules expand access to medical and behavioral health services using telehealth. This action is being taken to give healthcare providers maximum flexibility as they shift as many services as possible away from in-person visits. Specifically, the rules do the following:

ODM [Emergency Rule 5160-1-21 Telehealth during a state of emergency](#) and [appendix](#)

- Creates a new telehealth rule that is in effect during any time period in which the Governor of the State of Ohio declares a state of emergency and when authorized by the Medicaid director. During this time period, 5160-1-21 supersedes Medicaid's other telehealth rule, 5160-1-18.
- Allows all individuals with Medicaid to receive telehealth services – regardless of the last time they had a face-to-face visit with their health care provider, and regardless of their status as a new or existing patient.
- Defines telehealth as activities that are synchronous involving real-time, interactive audio and visual communications, as well as activities that are asynchronous, and do not have both audio and video elements. Some examples of telehealth services include videoconferences, telephone calls, images transmitted via facsimile machine, and electronic mail. ODM is relying on the professional judgment of healthcare providers to determine the appropriate method of privately communicating with each patient.
- Allows Medicaid billing regardless of patient and practitioner locations, with the exception of patients residing in penal facilities or a public institution, as defined in rule 5160:1-1-03 of the Administrative Code.
- Allows a wide range of practitioners and provider organizations to bill Medicaid for telehealth services.
- Offers a wide range of medical and behavioral health services that can be billed to Medicaid when delivered through telehealth.
- Incorporates by reference the Office of Civil Rights' Notification of HIPAA Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.
- Incorporates by reference OhioMHAS emergency rule changes to interactive videoconferencing for community behavioral health centers treating Medicaid consumers, and suspends several Medicaid requirements for specific community behavioral health services to be delivered face-to-face.

OhioMHAS [Emergency Rule 5122-29-31 Interactive videoconferencing](#)

- Allows the definition of "interactive videoconferencing" to include asynchronous activities that do not have both audio and video elements. Some examples of these asynchronous activities include telephone calls, images transmitted via facsimile machine, and electronic mail. The

OhioMHAS rule relies on the professional judgment of treating providers to determine the appropriate method of privately communicating with each patient.

- Allows both new and established patients to receive services through interactive videoconferencing, and explicitly overrides the initial face-to-face visit requirement previously needed to initiate telehealth services.
- Adds new behavioral health services that can be delivered via interactive videoconferencing, including peer recovery, substance use disorder (SUD) case management, crisis intervention, assertive community treatment (ACT), and intensive home-based treatment (IHBT) services.
- Prior to consolidation of the ODADAS and ODMH rules, SUD case management could be provided via interactive videoconferencing. By adding SUD case management to the emergency rule, any provider that was unaware of the accidental omission from the prior OhioMHAS rule and provided SUD case management via IVC.
- Incorporates by reference the Office of Civil Rights' Notification of HIPAA Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.

UPDATED Q3: Which types of practitioners are permitted to render Medicaid-covered services under ODM's emergency telehealth rule?

A: ODM's emergency rule allows the following types of practitioners to render services via telehealth:

- Physicians
- Podiatrists
- Psychologists
- Physician assistants
- Advanced Practice Registered Nurses (APRNs):
 - Clinical Nurse Specialists (CNS)
 - Certified Nurse-Midwife (CNW)
 - Certified Nurse Practitioners (CNP)
- Dietitians
- Independently licensed behavioral health practitioners:
 - *Licensed Independent Social Worker (LISW)*
 - *Licensed Independent Marriage and Family Therapist (LIMFT)*
 - *Licensed Professional Clinical Counselor (LPCC)*
 - *Licensed Independent Chemical Dependency Counselor (LICDC)*
- Supervised behavioral health practitioners and trainees, as defined in OAC Chapter 5160-8-05
 - *Licensed Professional Counselor (LPC)*
 - *Licensed Marriage and Family Therapists (LMFT)*
 - *Licensed Chemical Dependency Counselor II*
 - *Licensed Chemical Dependency Counselor III*
 - *Registered Counselor Trainee*
 - *Registered Social Work Trainee*
 - *Marriage and Family Therapist Trainee*
 - *Chemical Dependency Counselor Assistant*
 - *Psychology Assistant, Psychology Intern, Psychology Fellow, Psychology Resident*
- Audiologists, audiologist assistants, and audiology aides
- Occupational therapists and occupational therapist assistants
- Physical therapists and physical therapist assistants
- Speech-language pathologists, speech language pathology aides, and individuals holding a conditional license, as defined in section 4753.071 of the Revised Code.

- Medicaid School Program (MSP) practitioners, as defined in OAC Chapter 5160-35
- Practitioners affiliated with community behavioral health centers

The following additional types of rendering practitioners are being added per the Medicaid Director's designation per 5160-1-21 (B)(1)(r):

- *Dentists*
- *Registered Nurses (RN) and Licensed Practical Nurses (LPN) working in a hospice or home health setting*
- *Licensed and credentialed health professionals working in a hospital or nursing facility setting (see FAQ question 14 for additional information)*
- *Home health and hospice aides*

UPDATED Q4: Which types of provider organizations can bill Medicaid, the Medicaid Managed Care Plans (MCPs), and the MyCare Ohio Plans (MCOPs) for services rendered using telehealth under ODM's emergency rule?

A: The following providers *who are enrolled Medicaid providers or have a single case agreement with an MCP or MCOP* can bill Medicaid, the MCPs, and MCOPs for services rendered via telehealth:

- Independently practicing clinicians identified in the response above
- Professional medical groups
- Federally qualified health centers (FQHCs) and rural health clinics (RHCs)
- Ambulatory health care clinics (AHCCs) as defined in OAC Chapter 5160-13, which include end-stage renal disease (ESRD) dialysis clinics, family planning clinics, outpatient rehabilitation clinics, primary care clinics, public health department clinics, and speech-language-audiology clinic
- Outpatient hospitals
- Hospitals delivering outpatient hospital behavioral health (OPHBH) services, including psychiatric hospitals
- Medicaid School Program providers
- Community behavioral health centers that are certified by OhioMHAS
- Providers of applied behavioral analysis (ABA) billing through the MCPs

The following additional types of rendering practitioners are being added per the Medicaid Director's designation per 5160-1-21 (B)(2)(g):

- *Professional dental groups*
- *Home health and hospice agencies*

Q5: What do these changes mean for patients and their providers?

A: The goal of the emergency rule package is to dramatically increase regulatory flexibility so medical and behavioral health providers can offer health care services to Ohioans remotely, thereby increasing access to care, reducing pressure on our hospital systems, and reducing unnecessary patient traffic in waiting rooms during the COVID-19 emergency.

The rule also enables practitioners to more efficiently manage increasing patient inquiries and healthcare demands while maintaining recommended social distancing protocols designed to protect healthcare workers.

UPDATED Q6: How does the emergency rule change the specific telehealth services that can be billed to Medicaid, the MCPs, and the MCOPs?

A: All of the changes in ODM’s emergency rule, 5160-1-21, apply to Medicaid fee-for-service (FFS), MCP, and MCOP services. The full list of specific services that are reimbursable can be found in in the rule’s appendix. The emergency rule allows the following types of telehealth services to be billed to Medicaid, the MCPs, and the MCOPs:

- Evaluation and management of new and existing patients, not to exceed moderate complexity (i.e. evaluation and management levels 1-4)
- Inpatient or office consultations for new or established patients
- Mental health and substance use disorder evaluations and psychotherapy,
- Remote evaluation of recorded video or images
- Virtual check-ins by a physician or other qualified health care professional
- Online digital evaluation and management services
- Remote patient monitoring of physiologic parameters
- Occupational therapy, physical therapy, speech language pathology, and audiology services
- Medical nutrition services
- Lactation counseling provided by dietitians
- Psychological and neuropsychological testing
- Smoking and tobacco use cessation counseling
- Developmental test administration
- Follow-up consultation with a patient
- Services under the specialized recovery services (SRS) program

In addition to the services listed in the appendix of ODM’s emergency rule, the following types of telehealth services can also be billed to Medicaid, the MCPs, and the MCOPs:

- Medicaid School Program services
- Nearly all behavioral health services delivered by OhioMHAS certified providers, as outlined at www.bh.medicaid.ohio.gov.
- *Additional skilled therapy services (see billing guidelines document for full list)*
- *Hospice services*
- *Home health services*
- *Dental services*
- *End Stage Renal Disease (ESRD) related services*

UPDATED Q7: Which specific community behavioral health services can be delivered via telehealth under the ODM and OhioMHAS emergency rules?

A: With the emergency rule in effect, OhioMHAS certified entities can bill Medicaid, the MCPs, and the MCOPs for delivering the following services via telehealth:

- Evaluation and management of new and existing patients
- Psychiatric diagnostic evaluation
- Psychotherapy (individual, group, and family)
- Psychological testing
- Smoking cessation
- Community psychiatric supportive treatment (CPST)
- Therapeutic Behavioral Services (TBS) and psychosocial rehabilitation (PSR)

- *NOTE: TBS group service – hourly and per diem has been added the list of services that can be billed to Medicaid when delivered via telehealth. Additional guidance available in the [March 20 - MITS Bits](#).*
- RN and LPN nursing services
- SUD assessment
- SUD counseling (individual, group, intensive outpatient group, and partial hospitalization group)
- SUD case management
- Assertive community treatment (ACT)
- Intensive home-based therapy (IHBT)
- Peer recovery support
- Behavioral health crisis intervention
- SBIRT (screening, brief intervention and referral to treatment)
- Practitioner services rendered to individuals in SUD residential treatment
- Specialized Recovery Services (SRS)

Outpatient hospital behavioral health (OPHBH) telehealth services will be allowed to the same extent they are allowed for OhioMHAS-certified providers, except for SRS and peer recovery services, which cannot be billed by OPHBH providers.

Q8: Will there be limitations on where patients and practitioners can be located when telehealth services are delivered?

A: There will be no limitations to practitioner or patient site locations for services delivered via telehealth, with the exception of patients who are located in a penal facility or a public institution as defined in rule 5160:1-1-03 of the Administrative Code.

Patients can be in their own homes and any other locations while accessing care, and practitioners can also deliver services from their offices, homes, and other locations.

Q9: Which electronic / streaming services can I use to offer services via telehealth? Do the electronic / streaming services have to be HIPAA compliant?

A: Through the emergency rules, ODM and OhioMHAS are permitting the use both synchronous and asynchronous communications involving any combination of audio, video, and text. ODM and OhioMHAS are aligning with privacy flexibilities being implemented at the federal level, and we are also being as flexible as possible within the confines of state law. **We are relying on the judgment of our healthcare professionals to decide the best mechanisms of private communication to appropriately treat their patients.**

Paragraph (C) of Medicaid’s emergency rule, 5160-1-21, incorporates HIPAA-related directives of the Office of Civil Rights (OCR) at the Department of Health and Human Services (HHS) issued during the COVID-19 national emergency by reference.

As of the date noted on this FAQ, OCR’s “Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency” (the Notification) states covered health care providers subject to the HIPAA rules may communicate with patients, and provide telehealth services, through remote communications technologies even though some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules. The restrictions in the Notification apply, including:

- (a) Providers can use any audio or video non-public facing remote communication product that is available to communicate with patients;
- (b) Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers;
- (c) Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications; and
- (d) Providers are to exercise professional judgment in the use of telehealth examinations.

UPDATED Q10: How do I submit claims for the services that are newly covered under the emergency rule? When will ODM have billing guidance available?

A: Medicaid, the MCPs, and the MCOPs will be working expeditiously to configure the emergency rule's changes in each of our IT systems in a consistent manner to ease administrative burden on providers. *The first round of IT system changes for all services, with the exception of the end stage renal disease (ESRD)-related codes, and some of the skilled therapies, will be implemented in Medicaid fee-for-service, MCPs, and MCOPs on April 15, 2020. The ESRD-related services and additional skilled therapies will be implemented in IT systems on a date yet to be determined.*

Beginning April 15, providers may submit claims under the new telehealth billing guidelines found on the ODM website for all applicable codes (i.e. all services except the ESRD-related services and some of the skilled therapies.) Please see ODM's billing guidance document and emergency telehealth billing desk guide on [ODM's COVID-19 website](#) for detailed billing information.

Prior to the implementation date for the IT system changes, providers may either hold claims until the IT system changes are implemented, or providers can submit claims for telehealth services using existing billing guidance.

If providers choose to submit claims for telehealth service prior to implementation of the IT system changes, it will be very important for providers to continue to use the billing guidance that was in place before the effective date of the emergency rule (i.e. pre-emergency billing guidance.)

- While providers can deliver all of the services covered under the emergency rule via telehealth beginning March 9, 2020, they should NOT add the telehealth modifier "GT" to claims for services that have been added via the emergency telehealth rule. Claims may be denied if the GT modifier is added to the new services prior to the implementation date of the IT system changes.
- The emergency rule includes a number of new CPT codes that were not previously covered by the Medicaid program. Providers should hold claims for these new codes until the IT system changes are implemented; failure to hold these claims could result in claims denials.
- Until the IT system changes are made, providers should continue to use pre-emergency place of service codes and requirements for claim submission purposes.
- **Providers must maintain documentation of services delivered via telehealth prior to and after the IT system changes are made.**

After the IT system changes are implemented *on April 15, 2020 for most newly covered telehealth services*, to the extent possible, providers should comply with the new billing guidance. Providers should maintain documentation to support any necessary exceptions to the billing guidance while working to provide access to care for individuals during this time of emergency. *Please see the emergency telehealth services billing guidance and desk guide on [ODM's COVID-19 website](#) for detailed information.*

Providers are also encouraged to carefully review Paragraph (E) of ODM’s emergency rule, 5160-1-21, regarding submission and payment of telehealth claims. Of particular note:

- (1) The practitioner site may submit a professional claim for health care services delivered through the use of telehealth.
- (2) An institutional (facility) claim may be submitted by the practitioner site for the health care service through the use of telehealth. Services provided in a hospital setting may be billed in accordance with rule 5160-2-02 of the Administrative Code.
- (3) The practitioner site may submit a claim for a telehealth originating fee. If such a practitioner renders a separately identifiable evaluation and management service to the patient on the same date as the health care service delivered through the use of telehealth, the provider may submit a claim for the evaluation and management service and the telehealth originating fee.

UPDATED Q11: Will providers experience delays in payment? If I am not getting paid for services, what should I do?

A: Medicaid, the MCPs, and the MCOPs will be working expeditiously to configure the emergency rule’s changes in each of our IT systems in a consistent manner to ease administrative burden on providers. To avoid claims denials and payment delays, please follow the guidance above to submit claims prior to the IT systems implementation.

We want to hear from you! Please contact us with questions, comments, and feedback.

- For general coverage, policy, and reimbursement questions, issues, and feedback, please email medicaid@medicaid.ohio.gov or call the provider hotline at 800-686-1516.
- For behavioral health coverage, policy, and reimbursement questions, issues, and feedback, please contact BH-Enroll@medicaid.ohio.gov.
- For questions regarding MCP and MCOP coverage, policy, and reimbursement, please use the contact form at: <https://medicaid.ohio.gov/provider/ManagedCare>, *or contact the MCP/ MCOP directly, as follows:*
 - **Aetna 1-855-364-0974 (MCOP only)**
<https://www.aetnabetterhealth.com/ohio/providers/>
 - **Buckeye 1-866-296-8731**
<https://www.buckeyehealthplan.com/providers/resources.html>
 - **CareSource 1-800-488-0134**
<https://www.caresource.com/oh/providers/provider-portal/medicaid/>
 - **Molina 1-855-322-4079**
<https://www.molinahealthcare.com/providers/oh/medicaid/Pages/home.aspx>
 - **Paramount 1-800-891-2542 (MCP only)**
<https://www.paramounthealthcare.com/services/providers/>
 - **United Health Care 1-800-600-9007**
<https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-comm-plan-home.html?rfid=UHCCP>

NEW Q12: Why is the list of “rendering” and “billing” providers different? Why can’t supervised practitioners bill for their own services?

A: Practitioners who are dependently licensed or require supervision cannot enroll as Ohio Medicaid providers but can provide Medicaid-reimbursable services under the supervision of an independently

licensed practitioner. All services are paid to an eligible provider or organization enrolled in Ohio Medicaid. Practitioners who are considered “rendering” but not “billing” providers include:

- Occupational Therapist Assistant
- Physical Therapist Assistant
- Supervised practitioners in OAC 5160-8-05:
 - Licensed professional counselor
 - Licensed social worker
 - Licensed marriage and family therapist
 - Licensed chemical dependency counselors II and III
- Supervised trainees in OAC 5160-8-05:
 - Registered counselor trainee
 - Social work trainee
 - Marriage and family therapist trainee
 - Chemical dependency counselor assistant
 - Psychology assistant, intern, fellow, or resident
- Speech-language pathology aides
- Audiology aides
- Individuals holding a conditional licensed as defined in section 4753.071 of the Revised Code
- Therapist who provide services on behalf of a Medicaid School Program (MSP) Provider. For the purpose of the Medicaid School Program, the school is the provider of record, who is responsible for billing Medicaid.
- Licensed health professionals, such as respiratory therapists and athletic trainers, who are not enrolled as Ohio Medicaid providers but are employed or under contract with an enrolled provider to deliver critical support services
- Home health and hospice aides
- Registered Nurses (RN) and Licensed Practical Nurses (LPN) in the home health or hospice settings

The Medicaid-covered services delivered by these practitioners are reimbursed under an eligible billing provider type.

NEW Q13: As community behavioral health provider certified by OhioMHAS, I know the OhioMHAS rule change applies to my organization, but it looks like most of the new ODM rule doesn't apply to us. How should I be interpreting this set of rules?

A: ODM's emergency rule applies to many types of providers, including those working in the community behavioral health field. Only section (C) of the ODM rule applies to OhioMHAS-certified entities. The best method for interpreting the rules for these types of entities includes:

- Review the OhioMHAS rule [OAC 5122-29-31](#) expanding the definition and scope of interactive videoconferencing to new types of services and methods of communication.
- See ODM rule [OAC 5160-1-21](#) (C)(5), which states, "Entities who provide services certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are subject only to paragraph (C) of this rule. Requirements for these entities are covered in Chapter 5160-27 of the Administrative Code with the following modifications and suspensions."
- Review the rest of ODM Rule [OAC 5160-1-21](#) (C).
- Please be sure to review this entire FAQ and read the [March 20, 2020 BH MITS Bits](#) on Emergency Rules Expand Access to Telehealth Services.
- Review the two (2) lists of BH procedure codes which can be found [here](#). The first list includes those procedure codes that previously could be rendered via telehealth and continue to do so.

The second list are those procedure codes that can be rendered via telehealth under the emergency rule.

NEW Q14: Health professionals such as athletic trainers and respiratory therapists provide services in hospitals and other settings. Can these services be delivered through telehealth and paid through Ohio Medicaid?

A: The services of licensed and credentialed health professionals (athletic trainers, respiratory therapists, clinical pharmacists, and lactation consultants) who work in a hospital or nursing facility setting are included in the payment to the facility, similar to other professional and ancillary staff (nurse, nurse aide, etc.). Certain services of these licensed and credentialed health professionals are typically covered as “incident-to” in an office setting and could be covered when billed under the applicable Medicaid enrolled provider’s ID.

If such services described in the paragraph above could be billed using any of the codes in the appendix to the rule, the services could be performed via telehealth and be payable to the applicable Medicaid enrolled provider overseeing or directing the service.

While athletic trainers, respiratory therapists, clinical pharmacists, and lactation consultants and other licensed and credentialed health professionals are not enrolled as Ohio Medicaid providers today, ODM recognizes the critical support services they provide under the direction of a physician or other provider type. As stated above, these services are often included in the overall payment to hospitals and other organizations who bill Ohio Medicaid for reimbursement.

Any of these types of health professionals who have previously had the ability to serve patients and have their services billed by any of the billing provider types listed in the rule can now render many services via telehealth and continue to have their supervising practitioners/facilities bill for those same services under OAC emergency rule 5160-1-21. Medically necessary services provided by these licensed health professionals during this state of emergency that are billed by an enrolled provider will be reimbursed just as they would if the service was provided face-to-face in a hospital or other setting.

NEW Q15: Can applied behavioral analysis (ABA) therapy services be provided and paid through telehealth?

A: ABA may be billed when rendered through telehealth for enrollees in managed care. To bill for this service, providers must be either enrolled with ODM or must have a single case agreement (or contract) in place with the MCP; all claims for ABA services should be submitted to the appropriate MCP. Please reach out to the MCP for details regarding the provision of ABA and enrollment.

NEW Q16: When can telehealth be used by home health agencies?

A: Telehealth can be used to provide home health services when it is clinically appropriate. Services that require hands on care, like dressing changes or assistance with bathing, cannot be provided with telephony. Examples of circumstances when telehealth might be appropriate include:

- Nurse supervision of a home health aide;
- A home health aide is providing assistance in the form of verbal cuing (e.g., medication reminders);
- A physical therapist is observing movement and exercise and then providing verbal instruction.

NEW Q17: Can telehealth be used to satisfy the requirement for a face to face visit with the provider who is ordering home health services?

A: Telehealth can be used to satisfy the requirement for a face to face visit with the provider who is ordering home health services. The provider will still need to complete the appropriate documentation and send it to the home health agency.

NEW Q18: Are hospice providers permitted to deliver telehealth services when an in-person or face-to-face assessment is required and how would this be billed?

A: Yes, during COVID-19 State of emergency, ODM is temporarily suspending the face-to-face and in-person requirements found in OAC 5160-56-02 and 5160-56-06. The provider will add the GT modifier to any hospice procedure code on any claims that include at least one telehealth component for that date of service. Please refer to question Q10 for details.

NEW Q19: How are providers paid when telehealth services are furnished to nursing facility residents?

A: Under both ODM's emergency telehealth rule 5160-1-21, as well as ODM's non-emergency telehealth rule 5160-1-18, physicians and other eligible providers may bill for the telehealth services they provide to nursing facility residents. Nursing facilities are paid through the nursing facility per diem rate when telehealth related services are provided to residents. Nursing facilities report the telehealth related costs they incur for the provision of those services on the Medicaid nursing facility cost report using the appropriate cost center codes.

NEW Q20: What time "counts" for time-based billing when delivering asynchronous activities?

A: When delivering asynchronous activities, only the time spent by the practitioner reviewing the information and following up with the patient is included in time-based billing.

NEW Q21: Do I need to resubmit any of my claims after the new billing guidance is in place?

A: If you submitted claims and received payment for services delivered through telehealth prior to system changes and new billing guidance in place, there is no need to resubmit your claims. Once the billing system changes are in place on April 15, 2020, you must submit claims for telehealth services using the new billing guidance document posted on the ODM website: <https://medicaid.ohio.gov/FOR-OHIOANS/COVID-19-Emergency-Actions>.

NEW Q22: if I'm in the same facility as the patient but am doing a telehealth consult because I want to avoid entering the room (save personal protective equipment, avoid exposure to someone who has a known COVID-19 case, etc.) how should that be billed?

A: Emergency rule 5160-1-21 lifts any restriction on patient and provider locations therefore if in the same facility as the patient, a practitioner may conduct a service in this manner. This would be billed in accordance with guidelines found in the billing guidance document.

NEW Q23: Under the Medicaid School Program (MSP), if occupational therapist assistants (OTA) and physical therapist assistants (PTA) are not able to bill for telehealth services, can MSP providers (the school) obtain reimbursement when the services are delivered by the OTA or PTA when cosigned by the supervising therapist?

A: Yes. OTAs and PTAs are supervised practitioners meaning they cannot practice independently. These individuals can render telehealth services as indicated in Paragraphs (B)(1)(l) and (B)(1)(m) of emergency rule 5160-1-21. Services rendered by these practitioners will be reimbursed to a provider type enrolled in Ohio Medicaid.

NEW Q24: What dental services will be covered through telehealth and how do I bill them?

A: After consulting with stakeholders and reviewing teledentistry guidance provided by the American Dental Association, the Ohio Dental Association, and the Ohio State Dental Board, ODM decided that teledentistry would be covered under the emergency rule. Specifically:

- D0140 will be covered as an exam involving more than a triage or screening service when provided through teledentistry.
- D9995 is to be billed in conjunction with D0140 to indicate the exam was provided through teledentistry.

Please note: D0170 and D0171 are not separately reimbursed by ODM when provided in a face-to-face visit, so they will not be separately reimbursed when provided through telehealth means. While routine assessment, post-operatively or of a previously existing condition, is not separately reimbursed, evaluation of a specific problem or dental emergency is reimbursable under D0140 through teledentistry. D0350 will also not be reimbursed for photographs that are sent to a dentist by the patient via telephone/teledentistry.

NEW Q25: I am a Federally Qualified Health Center (FQHC), how should I bill for teledentistry services?

A: Teledentistry services covered under the emergency rule are paid as a covered FQHC service. On the first service line of the claim, the provider should report T1015 with the appropriate modifier to identify the type of encounter (in this case U2). The next service line on the claim will be the procedure code (in this case D0140) for the service that was provided and the GT modifier to identify it as a telehealth service. The place of service code should reflect the practitioner's physical location.

While the D9995 procedure code is available for FQHCs, it is not necessary to bill this procedure code. This code is necessary on dental claims, where modifiers are not accepted, to identify that a service was done via teledentistry. Since professional claims accept modifiers, GT is sufficient to identify that a service was provided in this manner. FQHCs are not required to use the D9995 procedure code on professional claims however if it is reported, it would not impact the outcome of the claim.