



# Ohio Medicaid and Medicare Telehealth Reimbursement for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

## Ohio Medicaid Reimbursement for FQHCs and RHCs

“Telehealth” is the direct delivery of health care services to a patient via secure, synchronous, interactive, real-time electronic communication comprised of both audio and video elements.

The following activities are not considered telehealth:

- The delivery of health care service by electronic mail, telephone call, or facsimile transmission;
- Conversations between practitioners regarding a patient without the patient present either physically or via secure, synchronous, interactive, real-time electronic communication.

Source: <http://codes.ohio.gov/oac/5160-1-18>

“Telehealth service” means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

Source: <http://codes.ohio.gov/orc/5164>

## Ohio Medicaid Update: During the COVID-19 State of Emergency

- Effective July 1, 2020: Telehealth is defined as the following: “is the direct delivery of health care services to a patient via secure, synchronous, interactive, real-time electronic communication comprised of both audio and video elements in accordance with rule 5160-1-18 of the Administrative Code. Practitioners must act within their scope of practice and in accordance with their licensure agreements.” **(This definition was established on 7/4/19; it seems that telehealth guidelines will revert to before COVID-19 state of emergency.)**
- Practitioner may utilize telehealth for established and new patients without previous face-to-face visits. **(This may be ending soon. Rule 4731-11-01 indicates that patients must be established prior to providing telemedicine services to them. However, no effective date is posted for this rule.)**
- Patients may receive care at any location and practitioners may provide care at any location.

Corporate Office: 1418 N. 1000 W., Linton, IN 47441 Phone: 812-478-3919  
Satellite Office: 2901 Ohio Blvd., Suite 240, Terre Haute, IN 47803  
Phone: 812/478-3919 \* Fax: 812/232-8602 \* [www.umtrc.org](http://www.umtrc.org)



- Many types of practitioners are eligible to provide services such as physicians, nurse practitioner, and occupational therapists, among several others. See Rule 5160-1-21 paragraph (B)(1) for more providers that are eligible. However, some dependent practitioners are ineligible to bill for these services. See paragraph (B)(2). More eligible providers are also included in Rule 5160-1-21.1.
- Both synchronous and asynchronous communication mediums are permitted. This includes telephone calls and e-mail.
- Generally, HIPPA requirements have been relaxed for mediums to communicate with patients. However, practitioners must not use public facing communication such as Facebook Live. Practitioners should utilize privacy modes of communication mediums.
- Documentation should remain extensive to the best of the practitioner’s ability.
- Many services may be delivered via telehealth. See the Appendix to Rule 5160-1-21 and the Appendix to Rule 5160-1-21.1 for lists of reimbursed services and their procedure codes.
- Details on quantity of reimbursement for telehealth services can be found in Paragraph (E) of Rule 5160-1-21.
- Billing codes for both previously accepted and newly accepted telehealth services can be found here. Previous telehealth services will use the code GT, but newly accepted services must not have the GT modifier within the claim.
- Effective July 1, Medicaid school program providers can utilize telehealth services. See Section C of Rule 5160-35-05 for details.

Sources: [Rule 5160-1-21](#); [Rule 5160-35-05](#)

## **COVID-19 Emergency Telehealth Rules Summary of Updated Guidance**

*Updated 07/17/2020*

In our continued response to the COVID-19 pandemic, the Ohio Department of Medicaid (ODM) adopted new emergency rule 5160-1-18, “Telehealth.” This rule combines all the flexibilities of the previous emergency telehealth policies and continues to provide the same flexibilities for providers and Medicaid covered individuals in need of care.

The definition of telehealth now includes additional forms of communication during a state of emergency. This includes telephone calls, fax, email, and other communication methods that do not have audio and video elements.

- Medicaid covered individuals can access telehealth services wherever they are located. This includes homes, schools, temporary housing, hospitals, nursing facilities, group homes, and any other location, except for a prison or correctional facility.

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- Eligible providers can deliver telehealth services from any location, including their own home offices and other non-institutional settings.
- Individuals with Medicaid can access telehealth services without having to be established with a provider. This means providers can see new and existing patients for all telehealth services.
- Medicaid is covering new types of rendering practitioners and billing providers for the services they deliver through telehealth.
- Medicaid is covering many more services when they are delivered through telehealth, including a number of previously uncovered services that are covered by Medicare.

Please visit Ohio Medicaid's [COVID-19](#) web page for ongoing updates.

**Source:** <https://medicaid.ohio.gov/Portals/0/COVID19/COVID-19-Emergency-Telehealth-Rules-Updated-Guidance-07-17-2020.pdf>

## **Medicare Telemedicine Reimbursement FQHCs and RHCs:**

Medicare is a federal program, so its program conditions of payment are the same across the United States. The Centers for Medicare and Medicaid Services (CMS) sets federal guidelines for telehealth reimbursement for Medicare patients. Medicare pays for certain provider types and certain outpatient professional services (CPT codes) for patients accessing care from sites in rural counties and HPSAs in rural census tracts.

CMS creates an annual Medicare Telehealth Services Fact Sheet. Here is the link to the 2020 version of this Medicare Learning Network (MLN) guide:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsfctsht.pdf>

## **COVID-19 Emergency Telehealth Rules Frequently Asked Questions (FAQs)**

*Updated April 13, 2020*

### **1) How does the emergency rule change the specific telehealth services that can be billed to Medicaid, the MCPs, and the MCOPs?**

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:

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- 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](http://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

## 2) Will there be limitations on where patients and practitioners can be located when telehealth services are delivered?

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.

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**3) Which electronic/streaming services can I use to offer services via telehealth? Do the electronic/streaming services have to be HIPAA compliant?**

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.

**4) I am a Federally Qualified Health Center (FQHC), how should I bill for teledentistry services?**

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.

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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.

**Source:** <https://medicaid.ohio.gov/Portals/0/Providers/COVID19/COVID-19EmergencyTelehealthFAQV24-13-20.pdf?ver=2020-04-13-182513-507>

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