Ohio Telehealth Reimbursement Summary

Reimbursement for telehealth services is dependent upon the type of insurance in which the patient is enrolled: Medicare, Medicaid, or Commercial / Private Insurance.

Medicare

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.


Ohio Medicaid

Ohio Medicaid Telehealth Billing Guidelines
Each state has its own unique Medicaid program. In July 2019, the Ohio Medicaid program revised their Telehealth Billing Guidelines, which can be found here: https://medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/BillingInstructions/TelehealthBilling.pdf?ver=2019-07-08-105111-487

Ohio Medicaid Reimbursement Fee Schedule
The Ohio Department of Medicaid reimburses according to its fee schedule, which is posted on its website at:
http://medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates/SchedulesandRates.aspx

Ohio Medicaid Behavioral Health Reimbursement
Community behavioral health providers may deliver E/M, all counseling services, assessment, TBS, PSR and CSPT using interactive videoconferencing defined under OAC 5122-29-31 and Medicaid insured under OAC 5160-27-02 (J). See Appendix A of OAC 5160-27-03 for a list of the many behavioral health services utilizing interactive videoconferencing submitted with the GT modifier is reimbursed at the same rate as in-person services.

For more behavioral health information, visit the links within the paragraph, or visit www.theohiocouncil.org. Our thanks to Teresa Lampl, CEO of The Ohio Council of Behavioral Health & Family Services Providers, for help with the above information.

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Ohio Medicaid Update: during the COVID-19 state of emergency, which seems to end on July 1

- **Note: effective July 1:** 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.

- All of these guidelines are for individuals covered by Medicaid FFS, Medicaid MCPs and MCOPs.

- 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.

- 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. (Only through July 1).

- 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. (Only through July 1).

- 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.

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• A list of the many community behavioral health services deliverable utilizing telehealth can be found on Q7 of the emergency relating Medicaid telehealth FAQ’s.
• Select hospice services are permitted to occur via telehealth. See Rule 5160-56-06 for details.
• Hospice providers utilizing telehealth will add the GT modifier to select claims and will add other appropriate procedure code(s) as detailed in Rule 5160-56-06.
• For home health services “place of service” code “02” must be used to indicate the services was provided via telehealth. See Rule 5160-12-05 for details.
• It seems that select intensive home based treatment (IHBT) types may now be practiced using telehealth. See Rule 5160-27-05 for details.
• 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; billing codes; Medicaid telehealth FAQ’s; Rule 5160-56-06; Rule 5160-12-05; Rule 5160-27-05; Rule 5160-1-21.1; Rule 5160-35-01; Rule 5160-35-05; Rule 4731-11-01

Ohio Law and Definitions

Each state has its own law(s) that define telehealth and/or telemedicine.
Ohio Telemedicine/Telehealth Definition

“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](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](http://codes.ohio.gov/orc/5164)

Legislation for Online Prescribing in Ohio (Revised 3/23/2017)

**Synopsis:** Physicians shall not prescribe, furnish or provide any controlled substance to a person on whom the physician has never conducted a physical examination unless certain conditions have been met. These conditions include establishment of the patient’s identity, a remote examination, informed consent, creation of a medical record, contact with the patient’s primary care physician, appropriate medical diagnoses, documentation and treatment plan, a follow-up plan, and appropriate technology that is sufficient for the physician to conduct all steps in this paragraph as if the medical evaluation occurred in an in-person visit.

A physician may prescribe, furnish or provide any controlled substance to a person on whom the physician has not conducted a physical examination and who is at a location remote from the physician in any of the following situations: The person is an active patient of an Ohio licensed physician or other health care provider who is a colleague of the physician and the drugs are provided pursuant to an on call or cross coverage arrangement between them. The patient must be physically located in a hospital or clinic registered with the United States Drug Enforcement Administration (DEA). The physician must be operating inside their normal scope of practice and by an Ohio licensed physician or healthcare provider registered with the DEA to provide controlled substances in Ohio.

Other conditions apply. **Source:** [OH Admin. Code 4731-11-09](http://codes.ohio.gov/orc/5174)

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Private Payer

Each state is different, even within the same company, like Anthem, Blue Cross Blue Shield, or United that serve multiple states in the United States.

- Ohio HB 166 – Creates FY 2020-2021 operating budget
  - Enacted 7/18/2019
  - Requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services
  - Bill is 2,062 pages
  - https://s3.amazonaws.com/fn-document-service/file-by-sha384/e499550a53d891d71808ab0879266c014846459f273359e88d3cd69e21400cd39369531e69e9673d14f8994d15fc420

Additional Information on Telehealth Policy can be found at the National Telehealth Policy Resource Center’s website at: http://www.cchpca.org/state-laws-and-reimbursement-policies

Additional Ohio Legislation

Occupational Therapy, Physical Therapy, and Athletic Trainers
“Telehealth means the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances.”

Source: OH Admin. Code 4755-27-01; 7/01/2019

Speech Language Pathology and Audiology
Telehealth means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of audiology or speech-language pathology services to an individual from a provider through hardwire or internet connection.

Source: OH Admin. Code 4753-2-01 Effective 8/12/19

Ohio State Law Cross-State Licensing
Ohio does not participate in the Interstate Medical Licensure Compact.
Source: https://imlcc.org/