

Ohio



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes*
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP-IC, CC, IMLC, NLC, OT, PSY, PTC
- Consent Requirements: Yes

FQHCs

- Originating sites explicitly allowed for Live Video: No
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: Yes (Medical Nutrition Therapy)

STATE RESOURCES

1. Medicaid Program: Ohio Medicaid
2. Administrator: Ohio Department of Job and Family Services
3. Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 02/16/2024

“Telehealth services” has the same meaning as in section 4743.09 of the Revised Code.

SOURCE: OH Revised Code Annotated, 3902.30(A)(5).(Accessed Feb. 2024).

“Telehealth services” means health care services provided through the use of information and communication technology by a health care professional, within the professional’s scope of practice, who is located at a site other than the site where either of the following is located:

- The patient receiving the services;
- Another health care professional with whom the provider of the services is consulting regarding the patient.

SOURCE: OH Revised Code Section 4743.09. (Accessed Feb. 2024).

REQUIREMENTS

Last updated 02/16/2024

A health benefit plan shall provide coverage for telehealth services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services. A health benefit plan shall not exclude coverage for a service solely because it is provided as a telehealth service.

A health benefit plan shall not impose any annual or lifetime benefit maximum in relation to telehealth services other than such a benefit maximum imposed on all benefits offered under the plan.

A health benefit plan shall not impose a cost-sharing requirement for telehealth services that exceeds the cost-sharing requirement for comparable in-person health care services.

A health benefit plan shall not impose a cost-sharing requirement for a communication when all of the following apply:

- The communication was initiated by the health care professional.
- The patient consented to receive a telehealth service from that provider on any prior occasion.

- The communication is conducted for the purposes of preventive health care services only.

This section shall not be construed as doing any of the following:

- Requiring a health plan issuer to reimburse a health care professional for any costs or fees associated with the provision of telehealth services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services;
- Requiring a health plan issuer to reimburse a telehealth provider for telehealth services at the same rate as in-person services;
- Requiring a health plan issuer to provide coverage for asynchronous communication that differs from the coverage described in the applicable health benefit plan.

The superintendent of insurance may adopt rules in accordance with Chapter 119. of the Revised Code as necessary to carry out the requirements of this section. Any such rules adopted by the superintendent are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

SOURCE: OH Revised Code Annotated, 3902.30. (Accessed Feb. 2024).

Professional Regulation

A health care professional providing telehealth services may charge a health plan issuer for durable medical equipment used at a patient or client site.

A health care professional may negotiate with a health plan issuer to establish a reimbursement rate for fees associated with the administrative costs incurred in providing telehealth services as long as a patient is not responsible for any portion of the fee.

A health care professional providing telehealth services shall obtain a patient's consent before billing for the cost of providing the services, but the requirement to do so applies only once.

SOURCE: Ohio Revised code 4743.09, (Accessed Feb. 2024).

PARITY

Last updated 02/16/2024

SERVICE PARITY

A health benefit plan shall provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for in-person health care

services. Plans cannot exclude coverage for a service solely because it is provided as a telehealth service.

A health benefit plan shall not impose any annual or lifetime benefit maximum in relation to telehealth services other than such a benefit maximum imposed on all benefits offered under the plan. A health benefit plan shall not impose a cost-sharing requirement for telehealth services that exceeds the cost-sharing requirement for comparable in-person health care services.

SOURCE: OH Revised Code Annotated, 3902.30. (Accessed Feb. 2024).

PAYMENT PARITY

A health plan issuer shall reimburse a health care professional for a telehealth service that is covered under a patient's health benefit plan. Division (B)(3) of this section shall not be construed to require a specific reimbursement amount.

SOURCE: OH Revised Code Annotated, 3902.30. (Accessed Feb. 2024).

Professional Regulation

A health care professional providing telehealth services may charge a health plan issuer for durable medical equipment used at a patient or client site.

A health care professional may negotiate with a health plan issuer to establish a reimbursement rate for fees associated with the administrative costs incurred in providing telehealth services as long as a patient is not responsible for any portion of the fee.

SOURCE: Ohio Revised code 4743.09, (Accessed Feb. 2024).

Medicaid

OVERVIEW

Last updated 02/16/2024

Ohio Medicaid reimburses for live video telemedicine. Store-and-forward is only reimbursed for certain communication technology-based service codes. Certain remote physiologic monitoring codes are reimbursed along with FQHCs being reimbursed

through the FFS under clinic provider type 50 for remote patient monitoring. Audio-only is incorporated into the definition of telehealth in OH Medicaid and is reimbursed for certified community behavioral health centers for CPST and SUD case management.

DEFINITIONS

Last updated 02/16/2024

“Telehealth” is the direct delivery of health care services to a patient related to the diagnosis, treatment, and management of a condition.

Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR

The following activities that are asynchronous or do not have both audio and video elements:

- Telephone calls
- Remote patient monitoring
- Communication with a patient through secure electronic mail or a secure patient portal

For services rendered by behavioral health providers as defined in rule 5160-27-01 of the Administrative Code, telehealth is further defined in rule 5122-29-31 of the Administrative Code.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 3-4. & OAC 5160-1-18. (Accessed Feb. 2024).

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

SOURCE: The Ohio Department of Medicaid. Office of Policy Hospital Billing Guidelines. pg. 49, Revised 7/26/2021. (Accessed Feb. 2024).

Conversations or electronic communication between practitioners regarding a patient without the patient present is not considered telehealth unless the service would allow billing for practitioner-to-practitioner communication in a non-telehealth setting.

SOURCE: OAC 5160-1-18. (Accessed Feb. 2024).

Mental Health Services

Telehealth means the use of, real-time audiovisual communications of such quality as to permit accurate and meaningful interaction between at least two persons, one of which

is a certified provider of the service being provided pursuant to Chapter 5122-25 of the Administrative Code. Asynchronous modalities that do not have both audio and video elements are considered telehealth.

SOURCE: OAC 5122-29-31. (Accessed Feb. 2024).

“Telemedicine” or “telemedical” as used in this chapter have the same meaning as telehealth as defined in rule 5122-29-31 of the Administrative Code.

SOURCE: OAC 5122-40-01. (Accessed Feb. 2024).

“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: OH Revised Code, Sec. 5164.95. (Accessed Feb. 2024).

Managed Care

Telehealth, as defined in emergency rule 5160-1-21* of the Ohio Administrative Code (OAC), is the direct delivery of healthcare services to a patient via synchronous, interactive, real-time electronic communication comprising both audio and video elements; or activities that are asynchronous and do not have both audio and video elements such as telephone calls, images transmitted via facsimile machine, and electronic mail.

Telehealth is an umbrella term for remote care that may include healthcare education and administration as well as real-time clinical services. Telemedicine, a subset of telehealth, describes real-time clinical healthcare services provided through electronic technology when distance separates the patient and healthcare provider.

SOURCE: Managed Care Plan Provider Telehealth Resource Guide, pg. 3, (Accessed Feb. 2024).

“Teledentistry” means the delivery of dental services through the use of synchronous, real-time communication and the delivery of services of a dental hygienist or expanded function dental auxiliary pursuant to a dentist’s authorization as defined in section 4715.43 of the Revised Code.

SOURCE: OAC 3701-56-03. (Accessed Feb. 2024).

The following is considered telehealth:

- Direct delivery of health care services to a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR
- Activities that are asynchronous and activities that do not have both audio and video elements such as:

- Telephone calls
 - Remote patient monitoring; and
 - Communication with a patient through secure electronic mail or 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.

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

LIVE VIDEO

Last updated 02/16/2024

POLICY

Ohio Medicaid covers live video telehealth for certain eligible providers wherever the covered individual is located.

Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR -The following activities that are asynchronous or do not have both audio and video elements:

- Telephone calls
- Remote patient monitoring
- Communication with a patient through secure electronic mail or a secure patient portal

For services rendered by behavioral health providers as defined in rule 5160-27-01 of the Administrative Code, telehealth is further defined in rule 5122-29-31 of the Administrative Code.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 3-4. & OAC 5160-1-18. (Accessed Feb. 2024).

The department of Medicaid shall establish standards for Medicaid payments for health care services the department determines are appropriate to be covered by the Medicaid program when provided as telehealth services. The standards shall be established in rules adopted under section 5164.02 of the Revised Code.

In accordance with section 5162.021 of the Revised Code, the Medicaid director shall adopt rules authorizing the directors of other state agencies to adopt rules regarding the Medicaid coverage of telehealth services under programs administered by the other

state agencies. Any such rules adopted by the medicaid director or the directors of other state agencies are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

SOURCE: OH Revised Code, Sec. 5164.95.(B) (Accessed Feb. 2024).

Inmates of a penal facility or a public institution are not eligible for reimbursement for telehealth services.

SOURCE: OH Admin Code 5160-1-18(E)(6). (Accessed Feb. 2024).

Mental Health

No initial in person visit is necessary to initiate services using telehealth modalities. The decision of whether or not to provide initial or occasional in-person sessions shall be based upon client choice, appropriate clinical decision-making, and professional responsibility, including the requirements of professional licensing, registration or credentialing boards.

SOURCE: OH Admin Code 5122-29-31 (Accessed Feb. 2024).

Office of Mental Health and Addiction Services

OhioMHAS-certified behavioral health centers are not subject to the Ohio Medicaid Telehealth rule 5160-1-18. However, if you are a behavioral health provider or other health care entity and are not certified by OhioMHAS, you are/or may be required to follow Ohio Medicaid rule 5160-1-18.

SOURCE: [Office of Mental Health and Addiction Services, Guidance for Providing Behavioral Health Services via Telehealth. March. 2020, \(Accessed Feb. 2024\).](#)

Teledentistry

The department is required to establish standards for Medicaid payment for services provided through teledentistry.

SOURCE: OH Revised Code, Sec. 5164.951. (Accessed Feb. 2024).

Managed Care

Medicaid Managed Care Organizations (MCOs), MyCare Ohio Plans (MCOPs) and the OhioRISE plan (hereinafter referred to collectively as managed care entities or MCEs) will use the guidelines outlined in this document to allow their Ohio Department of Medicaid (ODM) members to continue using telehealth as an option for services.

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

ELIGIBLE SERVICES/SPECIALTIES

If the practitioner site does not bill the Ohio Department of Medicaid (ODM) directly (i.e., holds a contractual agreement with the practice), the patient site or practice who holds the contractual agreement may instead bill for the service delivered using telehealth.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 12. (Accessed Feb. 2024).

The following services are eligible for payment when delivered through telehealth from the practitioner site:

- When provided by a patient centered medical home, or behavioral health providers, evaluation and management of a new patient described as “office or other outpatient visit” with medical decision making not to exceed moderate complexity.
- Evaluation and management of an established patient described as “office or other outpatient visit” with medical decision making not to exceed moderate complexity.
- Inpatient or office consultation for a new or established patient when providing the same quality and timeliness of care to the patient other than by telehealth is not possible
- Mental health or substance use disorder services described as “psychiatric diagnostic evaluation” or “psychotherapy”
- Remote evaluation of recorded video or images submitted by an established patient.
- Virtual check-in by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient.
- Online digital evaluation and management service for an established patient.
- Remote patient monitoring.
- Audiology, speech-language pathology, physical therapy, and occupational therapy services, including services provided in the home health setting.
- Medical nutrition services.
- Lactation counseling provided by dietitians.
- Psychological and neuropsychological testing.
- Smoking and tobacco use cessation counseling.

- Developmental test administration.
- Limited or periodic oral evaluation.
- Hospice services.
- Private duty nursing services.
- State plan home health services.
- Dialysis related services.
- Services under the specialized recovery services (SRS) program as defined in rule 5160-43-01 of the Administrative Code.
- Notwithstanding paragraph (D)(2) of this rule, behavioral health services covered under Chapter 5160-27 of the Administrative Code.
- Optometry services.
- Pregnancy education services.
- Diabetic self-management training (DSMT) services.
- Other services if specifically authorized in rule promulgated under agency 5160 of the Administrative Code.

SOURCE: OH Admin Code 5160-1-18(D). (Accessed Feb. 2024).

Mental Health

The following are the services that may be provided via telehealth:

- General services
- CPST service
- Therapeutic behavioral services and psychosocial rehabilitation service
- Peer recovery services
- SUD case management service
- Crisis intervention service
- Assertive community treatment service
- Intensive home-based treatment service
- Mobile response and stabilization service

Individuals receiving residential and withdrawal management substance use disorder services as defined in rule 5122-29-09 of the Administrative Code or mental health day

treatment service as defined in rule 5122-29-06 of the Administrative Code may receive any of the component services listed in paragraph (E) of this rule through telehealth.

SOURCE: OAC 5122-29-31. (Accessed Feb. 2024).

Services are allowed to be provided through telehealth pursuant to rule 5122-29-31 of the Administrative Code, and these services are to be documented in accordance with paragraph (G) of rule 5122-29-31 of the Administrative Code. Telehealth services including induction of any form of medication assisted treatment will only be allowed in accordance with federal and state standards.

SOURCE: OAC 5122-40-09(C). (Accessed Feb. 2024).

Medication units may also provide telecounseling services if they provide appropriate privacy and adequate space with appropriately credentialed staff in accordance with all federal and state regulation. Telecounseling services may include individual or group sessions. Medication units that choose to provide telecounseling will:

- Provide telecounseling services with appropriate application of clinical judgment to best meet patient treatment needs;
- Be in compliance with paragraphs (H)(3) and (H)(4) of rule 5122-40-09 of the Administrative Code; and,
- Ensure that every patient has a designated counselor who is the primary contact for behavioral health treatment and care coordination. While the patient may utilize other counselors for emergencies, all counseling, including telecounseling, will be handled by the primary counselor. All patients, whether seen in person or via telehealth, count equally toward the staffing ratio specified in paragraph (F)(1) of rule 5122-40-09 of the Administrative Code, and opioid treatment programs will maintain clear and accurate caseload records for auditing purposes.

SOURCE: OAC 5122-40-15, (Accessed Feb. 2024).

Mobile Response and Stabilization Service

MRSS is intended to be delivered in-person where the young person or family is located, such as their home or a community setting. There are instances where MRSS can be delivered using a telehealth modality. Common times that telehealth would be appropriate are:

- When the young person or family requests MRSS service delivery using telehealth modalities,
- There is a contagious medical condition present in the home, or
- Inclement weather that prevents or makes it dangerous for the MRSS team to travel to the young person or family.

SOURCE: OAC 5122-29-14 (Accessed Feb. 2024).

Managed Care

Many clinically appropriate services that can be delivered virtually will be eligible for telehealth coverage, including but not limited to: sick visits, well visits, prenatal and postpartum care, behavioral health, and monitoring of chronic conditions. This is especially important for Medicaid members who experience a variety of access related barriers to care and social determinants of health. All Telemedicine/Telehealth services must be medically necessary and documented and in the applicable medical record in order to be reimbursable. Documentation may be requested to support medical necessity reviews.

See guide for telehealth visit code set.

SOURCE: Managed Care Plan Provider Telehealth Resource Guide, pg. 3-7, (Accessed Feb. 2024).

Managed Care Organizations must allow Applied Behavioral Analysis (ABA) services to be available through telehealth under the current guidelines that were established in June 2018. If the provider is not enrolled with Medicaid, a single case agreement would be needed.

See document for complete code list for different professions.

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

Office of Mental Health and Addiction Services

Services that may be provided using real-time, interactive videoconferencing as a certified community behavioral health center are:

- Telehealth
- General Services
- Assessments
- Counseling and therapy including groups up to 12
- Medical Activities including prescribing as allowed by the State of Ohio Medical Board and practitioner's licensure
- CPST Services
- Therapeutic behavioral services and psychosocial rehabilitation services

SOURCE: Office of Mental Health and Addiction Services, Guidance for Providing Behavioral Health Services via Telehealth. March. 2020, (Accessed Feb. 2024).

Behavioral Health

See Behavioral Health manual for telehealth modifier and Place of Service allowed for the different types of services.

SOURCE: Ohio Department of Medicaid, Medicaid Behavioral Health State Plan Services, Provider Requirements and Reimbursement Manual, Version 1.25, Effective 1/24/24, (Accessed Feb. 2024).

Intensive Home Based Treatment (IHBT) Service

IHBT is an intensive service that consists of multiple in person contacts per week with the child/adolescent and family, which includes collateral contacts related to the behavioral health needs of the child/adolescent as documented in the individual client record (ICR) as required by Chapter 5122-27 of the Administrative Code. IHBT can be provided via telehealth in accordance with rule 5122-29-31 of the Administrative Code.

SOURCE: OH Administrative Code 5122-29-28. (Accessed Feb. 2024).

Payment may be made for IHBT services rendered face-to-face in person or via telehealth in accordance with rule 5122-29-31 of the Administrative Code.

SOURCE: OH Administrative Code 5160-59-03.3. (Accessed Feb. 2024).

Outpatient Hospital

Hospital providers are eligible to bill for telehealth services provided by licensed psychologists and independent practitioners not eligible to separately bill a professional claim. See guide for instructions.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 8. (Accessed Feb. 2024).

Outpatient Hospital Behavioral Health Services (OPHBH)

Hospitals are eligible to provide outpatient behavioral health services via telehealth to the extent they appear on the OPHBH fee schedule.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 8. (Accessed Feb. 2024).

Federally Qualified Health Center and Rural Health Clinics

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. Medical nutrition therapy and lactation services rendered by eligible FQHC and RHC practitioners will be paid under the PPS.

Group therapy will continue to be paid through FFS as a covered non-FQHC/RHC service under the clinic provider type 50 (using ODM's payment schedules).

Services under the Specialized Recovery Services (SRS) program are not currently covered FQHC or RHC services.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 9. (Accessed Feb. 2024).

Federally Qualified Health Center

A visit may be conducted through telehealth if the service is rendered in accordance with rule 5160-1-18 of the Administrative Code.

SOURCE: OH Administrative Code 5160-28-01. (Accessed Feb. 2024).

Dental/Teledentistry

Dentists may provide a limited problem-focused oral exam (CDT D0140) or periodic oral evaluation (D0120) through telehealth during this state of emergency. Dental services furnished through telehealth at FQHCs are covered under 5160-1-18 and are paid as covered FQHC dental services.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 9-10. (Accessed Feb. 2024).

“Teledentistry” means the delivery of dental services through the use of synchronous, real-time communication and the delivery of services of a dental hygienist or expanded function dental auxiliary pursuant to a dentist’s authorization as defined in section 4715.43 of the Revised Code.

In order to qualify as teledentistry activities, both the originating site(s) (location of the patient) and the approved practice site(s) must be located in dental health resource shortage areas.

All teledentistry activities must be conducted at the practice site(s) specified in the dentist’s contract.

SOURCE: OAC 3701-56-03. (Accessed Feb. 2024).

Hospice

Hospice services can be provided using telehealth when clinically appropriate during a public health emergency. In order to track the services that are provided through telehealth, the appropriate procedure codes below in addition to using the modifier GT must be used on any claims that include at least one telehealth component for that date of service. See guide for codes.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 10. (Accessed Feb. 2024).

Home Health Services

Home health services, the RN assessment service and the RN consultation service can be provided using telehealth when clinically appropriate. These services should be billed using the procedure codes below. The value “02” should be used to indicate telehealth as the “Place of Service” on all claims for services provided using telehealth. See guide for codes.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 11. (Accessed Feb. 2024).

Nursing Facilities

Nursing facilities (NF) are reimbursed for all telehealth related services through the NF per diem rate. Nursing Facilities do not bill for the telehealth related services they provide. Per the telehealth rule 5160-1-18, physicians and other eligible providers may bill for the services they provide to nursing facility residents from the practitioner’s site in accordance with the rule. When nursing facilities provide telehealth related services to their residents, they report the costs they incur for those services on the Medicaid NF cost report. See guide for codes.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 11-12. (Accessed Feb. 2024).

In accordance with rule 5160-1-18 of the Administrative Code, physician visits may be provided via telehealth.

SOURCE: Ohio Administrative Code 5160-3-19(4). (Accessed Feb. 2024).

Hospice

Hospice providers that deliver any component of services via telehealth will add the GT modifier on those claims, in addition to the appropriate procedure code listed in the administrative code. Ohio Department of Medicaid will allow telehealth services to be

provided where in-person visits are mandated. Services billed with T2044 and T2045 are not eligible to be provided via telehealth.

SOURCE: Ohio Administrative Code 5160-56-06. (Accessed Feb. 2024).

Home Health and Private Duty Nursing

Reimbursement of home health or private duty nursing (PDN) services in accordance with this chapter are on a per visit basis. A “visit” is the duration of time that a covered home health service or private duty nursing (PDN) service is provided during an in-person or telehealth encounter to one or more individuals receiving medicaid at the same residence on the same date during the same time period.

A visit begins with the provision of a covered service and ends when the in-person or telehealth encounter ends.

SOURCE: Ohio Administrative Code 5160-12-04, (Accessed Feb. 2024).

Registered Nurse Assessment and Registered Nurse Consultation Services

The RN assessment may be completed using telehealth.

SOURCE: Ohio Administrative Code 5160-12-08, (Accessed Feb. 2024).

Home Health Services

The face-to-face encounter may be completed using telehealth.

SOURCE: Ohio Administrative Code 5160-12-01, (Accessed Feb. 2024).

Comprehensive Maternal Care (CMC) Program

It is the responsibility of the CMC entity to:

Offer at least one alternative to traditional office visits to increase access to the patient care team and clinicians in ways that best meet the needs of the population. This may include e-visits, telehealth, phone visits, group visits, home visits, alternate location visits, or expanded hours in the early mornings, evenings, or weekends.

SOURCE: OAC 5160-19-03. (Accessed Feb. 2024).

Enhanced Ambulatory Patient Groups (EAPG)

List of CPT and HCPCS codes covered for EAPG when telehealth is used.

SOURCE: OH Dept. of Medicaid. (Accessed Feb. 2024).

Nursing Facility-Based Level Care of Home and Community-Based Services: Home Care Attendant Services

All other RN home care attendant service visits may be conducted via telehealth, unless the individual's needs necessitate an in-person visit.

“RN home care attendant service visit” means the visit every ninety days between the RN and the individual receiving home care attendant services as required by paragraph (G) (108) of this rule. The face-to-face visit may be conducted via telehealth, unless the individual's needs necessitate a in-person visit.

SOURCE: OAC 5160-44-27, (Accessed Feb. 2024).

Nursing facility-based level of care home and community-based services programs: waiver nursing services

Non-agency LPNs, at the direction of an RN will: Conduct a visit with the directing RN at least every sixty days after the initial visit to evaluate the provision of waiver nursing services and LPN

performance, and to ensure that waiver nursing services are being provided in accordance with the approved plan of care and within the LPN's scope of practice. The visit may be conducted via telehealth.

SOURCE: OAC 5160-44-22, (Accessed Feb. 2024).

Ohio home care waiver

At least twice per year, the RN will conduct RN assessment visits in-person. All other RN assessment service visits may be conducted via telehealth, unless the individual's needs necessitate an in-person visit. When the RN performs an RN assessment visit, the RN will bill the state plan nursing assessment code set forth in appendix A to rule 5160-12-08 of the Administrative Code.

SOURCE: OAC 5160-46-04, (Accessed Feb. 2024).

ELIGIBLE PROVIDERS

Eligible providers:

- Physicians, Psychiatrists
- Ophthalmologist (in billing guide only)

- Podiatrist (in billing guide only)
- Psychologist
- Physician Assistant
- Dentist
- Advanced Practice Registered Nurses:
 - Clinical Nurse Specialists
 - Certified Nurse Midwives
 - Certified Nurse Practitioners
- Licensed Independent Social Workers
- Licensed Independent Chemical Dependency Counselors, Supervised practitioners, trainees, residents, and interns
- Licensed Independent Marriage and Family Therapists
- Licensed Professional Clinical Counselors
- Dietitians
- Audiologist, speech-language pathologists, speech-language pathology aides, audiology aides, and individuals holding a conditional license
- Occupational and physical therapists and occupational and physical therapist assistants
- Speech-Language Pathologist
- Home health aide and hospice aides (in admin code only)
- Practitioners who are supervised or cannot practice independently (see billing guide for list but many are listed above as well (i.e. physical therapist assistant)
- Non-Agency Nurses (in billing guide only)
- Medicaid school program (MSP) practitioners
- Behavioral health practitioners (in admin code only)
- Optometrists
- Pharmacists
- Chiropractors (in billing guide only)
- Other practitioners if specifically authorized in rule promulgated under Agency 5160 of the Administrative Code.

Types of providers able to bill: Rendering practitioners listed above, except:

- Supervised practitioners
- Occupational therapy assistant
- Physical therapist assistant
- Speech-language pathology and audiology aides
- Individuals holding a conditional license
- Registered Nurses (RN) and Licensed Practical Nurses (LPN) working in a hospice or home health setting (in billing guide only)

Other providers able to bill include:

- Professional Medical or Dental Group
- Federally Qualified Health Center
- Rural Health Clinic
- Ambulatory health care clinics
- Outpatient hospitals on behalf of licensed psychologists and independent practitioners not eligible to separately bill when practicing in an outpatient hospital setting.
- Psychiatric Hospitals providing OPHBH services
- Medicaid school program (MSP)
- Private duty or non-Agency nurses
- Pharmacies (submitted on a professional claim)
- Chiropractors (in billing guide only)
- Home health and hospice agencies (in admin code only)
- Behavioral health providers (in admin code only)
- Hospitals operating an outpatient hospital behavioral health program (in admin code only)

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 4-5 & OH Administrative Code 5160-1-18, (Accessed Feb. 2024).

To the extent permitted under rules adopted under section 5164.02 of the Revised Code and applicable federal law, the following practitioners are eligible to provide telehealth services covered pursuant to this section:

- A physician licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
- A psychologist, independent school psychologist, or school psychologist licensed under Chapter 4732. of the Revised Code;

- A physician assistant licensed under Chapter 4730. of the Revised Code;
- A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner licensed under Chapter 4723. of the Revised Code;
- An independent social worker, independent marriage and family therapist, or professional clinical counselor licensed under Chapter 4757. of the Revised Code;
- An independent chemical dependency counselor licensed under Chapter 4758. of the Revised Code;
- A supervised practitioner or supervised trainee;
- An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code;
- An audiology aide or speech-language pathology aide, as defined in section 4753.072 of the Revised Code, or an individual holding a conditional license under section 4753.071 of the Revised Code;
- An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code;
- An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code.
- A dietitian licensed under Chapter 4759. of the Revised Code;
- A chiropractor licensed under Chapter 4734. of the Revised Code;
- A pharmacist licensed under Chapter 4729. of the Revised Code;
- A genetic counselor licensed under Chapter 4778. of the Revised Code;
- An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;
- A respiratory care professional licensed under Chapter 4761. of the Revised Code;
- A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code;
- A practitioner who provides services through a medicaid school program;
- Subject to section 5119.368 of the Revised Code, a practitioner authorized to provide services and supports certified under section 5119.36 of the Revised Code through a community mental health services provider or community addiction services provider;
- Any other practitioner the medicaid director considers eligible to provide telehealth services.

In accordance with division (B) of this section and to the extent permitted under rules adopted under section 5164.02 of the Revised Code and applicable federal law, the following provider types are eligible to submit claims for medicaid payments for providing telehealth services:

- Any practitioner described in division (C)(1) of this section, except for those described in divisions (C)(1)(g), (i), and (k) of this section;
- A professional medical group;
- A federally qualified health center or federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;
- A rural health clinic;
- An ambulatory health care clinic;
- An outpatient hospital;
- A medicaid school program;
- Subject to section 5119.368 of the Revised Code, a community mental health services provider or community addiction services provider that offers services and supports certified under section 5119.36 of the Revised Code;
- Any other provider type the medicaid director considers eligible to submit the claims for payment.

When providing telehealth services under this section, a practitioner shall comply with all requirements under state and federal law regarding the protection of patient information. A practitioner shall ensure that any username or password information and any electronic communications between the practitioner and a patient are securely transmitted and stored.

When providing telehealth services under this section, every practitioner site shall have access to the medical records of the patient at the time telehealth services are provided.

SOURCE: Ohio Revised Statute Sec. 5164.95, (Accessed Feb. 2024).

Outpatient Hospitals

Hospital providers are eligible to bill for telehealth services provided by licensed psychologists and independent practitioners not eligible to separately bill a professional claim. Ohio Medicaid will pay according to the Enhanced Ambulatory Patient Grouping (EAPG) pricing as described in OAC rule 5160-2-75.

Federally Qualified Health Center and Rural Health Clinics

For a covered telehealth service that is also an FQHC or RHC service, the face-to-face requirement is waived.

Nursing Facilities

Nursing facilities (NF) are reimbursed for all telehealth related services through the NF per diem rate. Nursing Facilities do not bill for the telehealth related services they provide. Per the telehealth rule 5160-1-18, physicians and other eligible providers may bill for the services they provide to nursing facility residents from the practitioner's site in accordance with the rule. When nursing facilities provide telehealth related services to their residents, they report the costs they incur for those services on the Medicaid NF cost report.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 8-11. (Accessed Feb. 2024).

Hospitals

Telehealth services billed by hospitals under the Outpatient Hospital Behavioral Health Services (OPHBH) benefit package are billed in accordance with OAC rule 5160-2-76. ODM will accept an institutional claim and pay according to EAPG pricing when a telehealth service is rendered by a licensed independent behavioral health practitioner. The procedure code must be reported with the "GT" modifier, one of the designated modifiers indicating the location of the patient when applicable, and any other required modifiers. Also, the rendering practitioner NPI is not reported on this claim form; report only the attending practitioner NPI. Lastly, only one professional or institutional claim may be paid for a service delivered using telehealth.

SOURCE: The Ohio Department of Medicaid. Office of Policy Hospital Billing Guidelines. pg. 49, Revised 7/26/2021. (Accessed Feb. 2024).

Hospice

Hospice providers that deliver any component of services via telehealth will add the GT modifier on those claims, in addition to the appropriate procedure code above. Ohio Department of Medicaid will allow telehealth services to be provided where in-person visits are mandated.

SOURCE: Ohio Administrative Code 5160-56-06. (Accessed Feb. 2024).

Teledentistry

"Teledentistry" means the delivery of dental services through the use of synchronous, real-time communication and the delivery of services of a dental hygienist or expanded function dental auxiliary pursuant to a dentist's authorization as defined in section 4715.43 of the Revised Code.

All teledentistry activities must be conducted at the practice site(s) specified in the dentist's contract.

SOURCE: OAC 3701-56-03. (Accessed Feb. 2024).

Managed Care

Eligible Practitioners

- Physician as defined in Chapter 4731. of the Revised Code.
- Psychologist as defined in Chapter 4732. of the Revised Code.
- Physician assistant as defined in Chapter 4730. of the Revised Code.
- Clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as defined in Chapter 4723. of the Revised Code.
- Licensed independent social worker, licensed independent marriage and family therapist, or licensed professional clinical counselor as defined in Chapter 4757. of the Revised Code.
- Licensed independent chemical dependency counselor as defined in Chapter 4758. of the Revised Code.
- Supervised practitioners, trainees, residents, and interns as defined in rules 5160-4-05 and 5160-8-05 of the Administrative Code.
- Audiologist, speech-language pathologist, speech-language pathology aides, audiology aides and individuals holding a license as defined in Chapter 4753. of the Revised Code.
- Occupational and physical therapist and occupational and physical therapist assistants as defined in Chapter 4755. of the Revised Code.
- Home health and hospice aides.
- Private Duty Nursing as defined in Chapter 5160-12 of the Administrative Code Dentists as defined in Chapter 4715. of the Revised Code.
- Medicaid school program (MSP) practitioners as described in Chapter 5160-35 of the Administrative Code.
- Dietitians as defined in Chapter 4759. of the Revised Code.
- Behavioral health practitioners as defined in rule 5160-27-01 of the Administrative Code.
- Optometrists as defined in Chapter 4725. of the Revised Code
- Other practitioners if specifically authorized in rule promulgated under Agency 5160 of Administrative Code
- Pharmacists as defined in Chapter 4729:1-1 of the Administrative Code
- Chiropractors as defined in Chapter 4734.60 of the Revised Code

Practitioner Site – the physical location of the treating practitioner at the time a health care service is provided through the use of telehealth. There is no limitation on the practitioner site, except for penal facilities or public institutions such as jail or prison

For behavioral health agencies certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), allowable places of service are included in the BH Manual.

Eligible providers to submit claim, or bill for services rendered

- A professional medical group.
- An individual dentist or a professional dental group.
- A federally qualified health center (FQHC) or rural health clinic (RHC) as defined in Chapter 5160-28 of the Administrative Code (using a professional claim form).
- Ambulatory health care clinics (AHCC) as described in Chapter 5160-13 of the Administrative Code.
- Outpatient hospitals (facility claim can only be submitted when services are provided by licensed psychologists, and independent practitioners not allowed to separately bill when providing services in an outpatient hospital setting.)
- Hospitals operating an outpatient behavioral health program in accordance with rule 5160-2-76 of the Administrative Code
- Medicaid school program (MSP) providers as defined in Chapter 5160-35 of the Administrative Code.
- Private duty or non-agency nurses.
- Home health and hospice agencies.
- Licensed independent behavioral health providers as defined in rule 5160-27-01 of the Administrative Code.
- Occupational therapist, physical therapist, speech-language pathologist, audiologist.
- Dietitian
- Physician, psychiatrist, ophthalmologist
- Optometrist
- Psychologist
- Physician Assistant
- Advanced Practice Registered Nurse
- Pharmacists as defined in 4729:1-1 of the Administrative Code.

- Pharmacy as defined in rule 5160-9-01 of the Administrative Code.
- Chiropractor
- Care Management Entities

If the practitioner site does not bill the MCE directly (i.e., holds a contractual agreement with the practice), the patient site or practice who holds the contractual agreement may instead bill for the service delivered using telehealth.

- In such cases, ODM recommends the place of service (POS) code reported on the professional claim should reflect the location of the billing provider if the rendering practitioner's location is unknown.

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

ELIGIBLE SITES

“Patient site” is the physical location of the patient at the time a health care service is provided through the use of telehealth.

A modifier as identified in Appendix B of this rule if the physical location of the patient is one of the following locations:

- The patient's home (including homeless shelter, assisted living facility, group home, and temporary lodging);
- School;
- Inpatient hospital;
- Outpatient hospital;
- Nursing facility;
- Intermediate care facility for individuals with an intellectual disability.

The “practitioner site” is the physical location of the treating practitioner at the time a health care service is provided through the use of telehealth.

The place of service (POS) code reported on a professional claim must reflect the physical location of the practitioner. See billing guide for more information.

SOURCE: Ohio Administrative Code 5160-1-18. The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 4-9 (Accessed Mar. 2023).& Appendix B (Accessed Feb. 2024).

If the patient is at one of the following locations, a specific modifier identifying the type of location is required:

- The patient's home
- School
- Inpatient hospital
- Outpatient hospital
- Nursing facility
- Intermediate care facility for individuals with an intellectual disability

Medicaid covered individuals can access telehealth services wherever they are located.

Locations include, but are not limited to:

- Home
- School
- Temporary housing
- Homeless shelter
- Nursing Facility
- Hospital
- Group home
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)

Penal facility or public institution such as a jail or prison are excluded places of service.

In most cases, the "GT" modifier is required to identify the service delivery through telehealth. See instructions for your specific program area or provider type for further clarification.

In most cases, the place of service code reported on the claim must be the location of the practitioner. See instructions for your specific program area or provider type for further clarification.

Telehealth place of service codes 02 and 10 will not be accepted unless stated otherwise in provider specific billing guidelines.

See billing guidance for appropriate modifiers depending on the place of service.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 4-6. (Accessed Feb. 2024).

Modifiers recognized by Ohio Medicaid:

- GT Identifies a service as telehealth
- U1 Used to identify the patient location of “home” when a telehealth service was delivered
- U2 Used to identify the patient location of “school” when a telehealth service was delivered
- U3 Used to identify the patient location of “inpatient hospital” when a telehealth service was delivered
- U4 Used to identify the patient location of “outpatient hospital” when a telehealth service was delivered
- U5 Used to identify the patient location of “nursing facility” when a telehealth service was delivered
- U6 Used to identify the patient location of “Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)” when a telehealth service was delivered

SOURCE: Ohio Department of Medicaid, Modifiers Recognized by Ohio Medicaid, Jan. 28, 2022, (Accessed Feb. 2024).

Teledentistry

All teledentistry activities must be conducted at the practice site(s) specified in the dentist’s contract.

SOURCE: OAC 3701-56-03. (Accessed Feb. 2024).

Managed Care

Patient Site – The physical location of the patient at the time a health care service is provided through the use of telehealth. There is no limitation on the patient site except for penal facilities or public institutions such as jail or prison. Medicaid covered individuals can access telehealth services in the following locations, but are not limited to:

- Home
- School
- Temporary housing
- Homeless shelter
- Assisted Living Facility

- Nursing Facility
- Outpatient Hospital
- Group home
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)
- Ambulatory Health Care Clinics
- Pharmacy/ Pharmacies

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-servicecodes/Place_of_Service_Code_Set

Place of service 02 (Telehealth) will not be accepted on claims where Medicaid is the primary payer.

- The exception to the POS 02 limitation is for home health claims. Home Health claims will still require the POS 02.
- While FFS does not accept POS 02 and POS 10, MCOs may choose to allow these codes to identify telehealth services.

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

GEOGRAPHIC LIMITS

There is no limitation on the practitioner or patient site.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 4. (Accessed Feb. 2024).

FACILITY/TRANSMISSION FEE

No Reference Found

STORE-AND-FORWARD

Last updated 02/16/2024

POLICY

“Telehealth” is the direct delivery of health care services to a patient related to diagnosis, treatment, and management of a condition.

Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR

The following activities that are asynchronous or do not have both audio and video elements:

- Telephone calls
- Remote patient monitoring
- Communication with a patient through secure electronic mail or a secure patient portal

For services rendered by behavioral health providers as defined in rule 5160-27-01 of the Administrative Code, telehealth is further defined in rule 5122-29-31 of the Administrative Code.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022 & OAC 5160-1-18. (Accessed Feb. 2024).

Conversations or electronic communication between practitioners regarding a patient without the patient present is not considered telehealth unless the service would allow billing for practitioner to practitioner communication in a non-telehealth setting.

SOURCE: OAC 5160-1-18. (Accessed Feb. 2024).

ELIGIBLE SERVICES/SPECIALTIES

G2010, which is the remote evaluation of recorded video and/or images submitted by an established patient (e.g. store and forward) is listed as a covered telehealth service.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 17 (Accessed Feb. 2024).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 02/16/2024

POLICY

Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR

The following activities that are asynchronous or do not have both audio and video elements:

- Telephone calls
- Remote patient monitoring
- Communication with a patient through secure electronic mail or a secure patient portal

For services rendered by behavioral health providers as defined in rule 5160-27-01 of the Administrative Code, telehealth is further defined in rule 5122-29-31 of the Administrative Code.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 3 & OAC 5160-1-18. (Accessed Feb. 2024).

Remote physiologic monitoring codes 99453, 99454, 99457, and 99458 are listed as a covered telehealth service.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 20-21. (Accessed Feb. 2024).

Federally Qualified Health Center and Rural Health Clinics

Remote patient monitoring will be paid through FFS as a covered non-FQHC/RHC service under the clinic provider type 50 (using ODM's payment schedules).

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 9. (Accessed Feb. 2024).

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 02/16/2024

“Telehealth” is the direct delivery of health care services to a patient related to diagnosis, treatment, and management of a condition.

Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR

The following activities that are asynchronous or do not have both audio and video elements:

- Telephone calls
- Remote patient monitoring
- Communication with a patient through secure electronic mail or a secure patient portal

For services rendered by behavioral health providers as defined in rule 5160-27-01 of the Administrative Code, telehealth is further defined in rule 5122-29-31 of the Administrative Code.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 3 & OAC 5160-1-18. (Accessed Feb. 2024).

The American Medical Association has formally adopted modifier 93 for reporting audio-only telehealth services. ODM, however, is not adopting this modifier at this time.

SOURCE: OH Medicaid, Medicaid Advisory Letter (MAL) No 667 (Jan. 3, 2023). (Accessed Feb. 2024).

Office of Mental Health and Addiction Services

Services must be provided using interactive, secure, real-time audiovisual communications of such quality to permit accurate and meaningful interaction between at least two persons, one of which is a certified provider of the service being provided pursuant to Chapter 5122-25 of the Administrative Code. This expressly excludes telephone calls, images transmitted via facsimile machine, and text messages with visualization of the other person. Services that may be provided by certified community behavioral health centers by telephone contact are CPST and SUD case management.

SOURCE: Office of Mental Health and Addiction Services, Guidance for Providing Behavioral Health Services via Telehealth. March. 2020, (Accessed Feb. 2024).

Pre-admission Screening and Resident Review

Pre-admission Screenings and Resident Reviews (PASRR) should be completed via the electronic HENS system as they are today as these screenings are primarily via desk review. In instances where a face-to-face is required, a telephonic and/or desk review is permissible. Level II evaluations can be provided either by telephone or desk review when appropriate. There is no system or reimbursement impact as these functions are supported by the level II entities and the applicable contractor.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 12. (Accessed Feb. 2024).

Managed Care

The following is considered telehealth:

- Direct delivery of health care services to a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR
- Activities that are asynchronous and activities that do not have both audio and video elements such as:
 - Telephone calls
 - Remote patient monitoring; and
 - Communication with a patient through secure electronic mail or 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.

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

CONSENT REQUIREMENTS

Last updated 02/16/2024

Behavioral Health

Prior to providing services to a client by telehealth, an eligible provider of the service to be provided as listed in rule 5122-29-30 of the Administrative Code shall describe to the client the potential risks associated with receiving telehealth services, telehealth and document that the client was provided with the risks and agreed to assume those risks.

SOURCE: OAC 5122-29-31. (Accessed Feb. 2024).

OUT OF STATE PROVIDERS

Last updated 02/16/2024

Mental Health Services Provided by Agencies

Provider must have a physical location in Ohio or have access to a physical location in Ohio where individuals may opt to receive in person services rather than telehealth services.

SOURCE: OAC 5122-29-31. (Accessed Feb. 2024).

MISCELLANEOUS

Last updated 02/16/2024

See administrative code for additional provider responsibilities related to HIPAA and other practice standards as well as information about submitting telehealth claims.

SOURCE: OAC 5160-1-18. (Accessed Feb. 2024).

Mental Health Services Provided by Agencies

No initial in person visit is necessary to initiate services using telehealth modalities. The decision of whether or not to provide initial or occasional in-person sessions shall be based upon client choice, appropriate clinical decision-making, and professional responsibility, including the requirements of professional licensing, registration or credentialing boards.

The provider must have a written policy and procedure describing how they ensure that staff assisting clients with telehealth services or providing telehealth services are

adequately trained in equipment usage.

See rule for additional requirements of behavioral health providers utilizing telehealth.

SOURCE: OAC 5122-29-31. (Accessed Feb. 2024).

Professional Requirements

DEFINITIONS

Last updated 02/16/2024

“Telehealth services” means health care services provided through the use of information and communication technology by a health care professional licensed in Ohio, within the professional’s scope of practice, who is located at a site other than the site where the patient is receiving the services or the site where another health care professional with whom the provider of the services is formally consulting regarding the patient is located.

SOURCE: OH Administrative Code 4731-37-01. (Accessed Feb. 2024).

Physical Therapy Practice

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.

Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

SOURCE: OH Admin. Code 4755-27-01(10). (Accessed Feb. 2024).

“Telehealth” means health care services provided through the use of information and communication technology by a health care professional, within the professional’s scope of practice, who is located at a site other than the site where either of the following is located:

- The patient receiving the services;
- Another health care professional with whom the provider of the services is consulting regarding the patient.

SOURCE: OH Admin Code 4755-27-09. (Accessed Feb. 2024).

Speech Language Pathology

“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.

“Telepractice” means the practice of telehealth.

SOURCE: OH Admin. Code 4753-2-01(A)(10) & (11). (Accessed Feb. 2024).

Counselor, Social Worker and Marriage and Family Therapists

Teletherapy means the use of real-time audio or audiovisual communications that permit accurate and meaningful interaction between at least two persons, one of whom is a licensee or registrant (“licensee”) as defined in Ohio Revised Code Chapter 4757. For the purposes of this rule, modalities, including but not limited to phone, video, text, email, instant messaging/chat, are considered teletherapy.

SOURCE: OH Admin. Code 4757-5-13 (Accessed Feb. 2024).

“Teletherapy” means counseling, social work or marriage and family therapy in any form offered, rendered, or supported by electronic or digitally-assisted approaches, to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in-person face to face therapy.

SOURCE: OH Admin. Code 4757-3-01(GG). (Accessed Feb. 2024).

Vision Professionals

“Telehealth services” means health care services provided through the use of information and communication technology by a health care professional licensed in Ohio, within the professional’s scope of practice, who is located at a site other than the site where the patient is receiving the services or the site where another health care professional with whom the provider of the services is formally consulting regarding the patient is located.

SOURCE: Ohio Administrative Code 4725-25-01. (Accessed Feb. 2024).

Psychologist

“Telepsychology” means the practice of psychology, independent school psychology, or school psychology by distance communication technology, including telephone,

electronic mail, internet-based communications, and video conferencing.

SOURCE: OH Revised Code Section 4732.01. (Accessed Feb. 2024).

“Telehealth services” means health care services provided through the use of information and communication technology by a health care professional, within the professional’s scope of practice, who is located at a site other than the site where either of the following is located:

- The patient receiving the services;
- Another health care professional with whom the provider of the services is consulting regarding the patient.

SOURCE: OH Revised Code Section 4743.09. (Accessed Feb. 2024).

Occupational Therapy

“Telehealth” means health care services provided through the use of information and communication technology by a health care professional, within the professional’s scope of practice, who is located at a site other than the site where either of the following is located:

- The patient receiving the services;
- Another health care professional with whom the provider of the services is consulting regarding the patient.

SOURCE: OH Administrative Code 4755-7-05. (Accessed Feb. 2024).

CONSENT REQUIREMENTS

Last updated 02/16/2024

A health care professional providing telehealth services shall obtain a patient’s consent before billing for the cost of providing the services, but the requirement to do so applies only once.

SOURCE: Ohio Revised code 4743.09, (Accessed Feb. 2024).

Medical Board

“Consent for telehealth treatment” means a process of communication between a patient or, if applicable, the patient’s legal representative and the health care professional discussing the risks and benefits of, and alternatives to, treatment through a remote evaluation that results in the agreement to treatment that is documented in the medical record or signed authorization for the patient to be treated through an

evaluation conducted through appropriate technology, as specified in this rule, when the health care professional is in a location remote from the patient.

The health care professional shall document the consent for telehealth treatment of the patient or, if applicable, the patient's legal representative.

The health care professional shall promptly document in the patient's medical record the patient's or, if applicable, the patient's legal representative, consent for telehealth treatment, pertinent history, evaluation, diagnosis, treatment plan, underlying conditions, any contraindications, and any referrals to appropriate health care providers, including primary care providers or health care facilities.

SOURCE: OH Administrative Code 4731-31-01 (Accessed Feb. 2024).

Speech Language Pathology

A provider is required to inform the patient of specific telehealth limitations. See rule for specific requirements.

SOURCE: OH Admin. Code 4753-2-01(D). (Accessed Feb. 2024).

Counseling, Social Work or Marriage and Family Therapy

During the initial session, licensees must establish informed consent in accordance with 4757-5-02(B) of the Administrative Code. Informed consent shall include information defining teletherapy delivery as practiced by the licensee, as well as potential risks, security issues, and confidentiality issue when receiving teletherapy. In the case of a minor client, the licensee must address any potential issues specifically associated with treating minors.

Informed consent should include a discussion of how teletherapy may affect billing and access to insurance benefits.

Licensees shall not provide services without client(s) informed consent which can be documented through verbal acknowledgement, online signature, or by signing a hard copy form. Licensees must make available to the client a copy of the consent documents regardless of the form of consent by the client.

SOURCE: OH Admin. Code 4757-5-13 (Accessed Feb. 2024).

Chiropractic Physicians

Provided that the standard of care for an in-person visit can be met for the patient and the patient's medical condition through the use of the technology selected, each licensee

that performs telehealth services must comply with the provisions outlined in Chapter 4734. of the Revised Code and Chapter 4734. of the Administrative Code. The following provisions additionally apply to telehealth services: ...

- Consent to receive telehealth services must be documented in the medical record or signed authorization of the patient or, if applicable, the patient's parent, guardian, or person designated under the patient's health care power of attorney.

SOURCE: OH Admin Code 4734-8-10, (Accessed Feb. 2024).

Vision Professionals

“Consent for telehealth treatment” means a process of communication between a patient or, if applicable, the patient's legal representative and the health care professional discussing the risks and benefits of, and alternatives to, treatment through a remote evaluation that results in the agreement to treatment that is documented in the medical record or signed authorization for the patient to be treated through an evaluation conducted through appropriate technology, as specified in this rule, when the health care professional is in a location remote from the patient.

A health care professional shall comply with all of the following administrative requirements to provide telehealth services to a patient which meet the standard of care including, but not limited to: ...

- The health care professional shall document the consent for telehealth treatment of the patient or, if applicable, the patient's legal representative

A health care professional shall comply with all of the following clinical requirements necessary to provide telehealth services to a patient which meet the standard of care including, but not limited to: ...

- The health care professional shall promptly document in the patient's medical record the patient's or, if applicable, the patient's legal representative, consent for telehealth treatment, pertinent history, evaluation, diagnosis, treatment plan, underlying conditions, any contraindications, and any referrals to appropriate health care providers, including primary care providers or health care facilities.

A health care professional may provide telehealth services through the use of remote monitoring devices for the purpose of data acquisition, patient communication, confirmation of expected therapeutic results, confirmation of stability/or homeostasis, and assessing changes in previously diagnosed chronic conditions, provided that:

- The patient or, if applicable, the patient's legal representative, gives consent to the use of remote monitoring devices

SOURCE: Ohio Administrative Code 4725-25-01. (Accessed Feb. 2024).

ONLINE PRESCRIBING

Last updated 02/16/2024

Each health care professional licensing board shall permit a health care professional under its jurisdiction to provide the professional's services as telehealth services in accordance with this section. Subject to division (B)(2) of this section, a board may adopt any rules it considers necessary to implement this section. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. Any such rules adopted by a board are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

Except as provided in division (B)(2)(b) of this section, the rules adopted by a health care professional licensing board under this section shall establish a standard of care for telehealth services that is equal to the standard of care for in-person services.

Subject to division (B)(2)(c) of this section, a board may require an initial in-person visit prior to prescribing a schedule II controlled substance to a new patient, equivalent to applicable state and federal requirements.

A board shall not require an initial in-person visit for a new patient whose medical record indicates that the patient is receiving hospice or palliative care, who is receiving medication-assisted treatment or any other medication for opioid-use disorder, who is a patient with a mental health condition, or who, as determined by the clinical judgment of a health care professional, is in an emergency situation.

Notwithstanding division (B) of section 3796.01 of the Revised Code, medical marijuana shall not be considered a schedule II controlled substance.

SOURCE: Ohio Revised code 4743.09, (Accessed Feb. 2024).

When the physician, or physician assistant who holds a valid prescriber number issued by the state medical board and who has been granted physician-delegated prescriptive authority prescribes, personally furnishes, otherwise provides, or causes to be provided a prescription drug that is a controlled substance during the provision of telehealth services, the physician or physician assistant shall comply with all requirements in rule 4731-37-01 of the Administrative Code.

The physician, or physician assistant who holds a valid prescriber number issued by the state medical board and who has been granted physician-delegated prescriptive authority shall conduct a physical examination of a new patient as part of an initial in-person visit before prescribing a schedule II controlled substance to the patient except for any of the following patient medical conditions and situations:

- The medical record of a new patient indicates that the patient is receiving hospice or palliative care;
- The patient has a substance use disorder, and the controlled substance is FDA approved for and prescribed for medication assisted treatment or to treat opioid use disorder.
- The patient has a mental health condition and the controlled substance prescribed is prescribed to treat that mental health condition;
- The physician or physician assistant determines in their clinical judgment that the new patient is in an emergency situation provided that the following occurs:
 1. The physician or physician assistant prescribes only the amount of a schedule II controlled substance to cover the duration of the emergency or an amount not to exceed a three-day supply whichever is shorter;
 2. After the emergency situation ends, the physician or physician assistant conducts the physical examination as part of an initial in-person visit before any further prescribing of a drug that is a schedule II controlled substance; or
- The prescribing of a controlled substance through telehealth services is being done under an exception permitted by federal law governing prescription drugs that are controlled substances.

When prescribing a controlled substance through the provision of telehealth services under one of the exceptions of this rule, the physician or physician assistant shall document one of the reasons listed for the prescribing in the medical record of the new patient in addition to the documentation already required to meet the standard of care in rule 4731-37-01 of the Administrative Code.

SOURCE: OH Administrative Code 4731-11-09. (Accessed Feb. 2024).

For purposes of paragraph (D) of rule 4731-11-09 of the Administrative Code, “active patient” as that term is used in paragraph (C) of this rule, means that within the previous twenty-four months the physician or other healthcare provider acting within the scope of their professional license conducted at least one in-person medical evaluation of the patient or an evaluation of the patient through the practice of telemedicine as that term is defined in 21 C.F.R. 1300.04, in effect as of the effective date of this rule.

SOURCE: OAC 4731-11-01(D). (Accessed Feb. 2024).

A pharmacist may provide telehealth services in accordance with section 4743.09 of the Revised Code, except that in the case of dispensing a dangerous drug, a pharmacist shall not use telehealth mechanisms or other virtual means to perform any of the actions involved in dispensing the dangerous drug unless the action is authorized by the state board of pharmacy through rules it adopts under this chapter or section 4743.09 of the Revised Code.

SOURCE: OH Revised Code Section 4729.285.(Accessed Feb. 2024).

Certificate to recommend medical use of marijuana

For purposes of recommending use of marijuana, a physician who holds a certificate to recommend may recommend that a patient be treated with medical marijuana if all of the following conditions are met:

- The patient has been diagnosed with a qualifying medical condition;
- A bona fide physician-patient relationship has been established through all of the following:
 - An examination of the patient by the physician either in person or through the use of telehealth services in accordance with section 4743.09 of the Revised Code;
 - A review of the patient's medical history by the physician;
 - An expectation of providing care and receiving care on an ongoing basis.

See Code for additional requirements.

SOURCE: OH Revised Code Section 4731.30, (Accessed Feb. 2024).

Opioid Treatment Program – Medication Units

Medication units may also provide telecounseling services if they provide appropriate privacy and adequate space with appropriately credentialed staff in accordance with all federal and state regulation. Telecounseling services may include individual or group sessions. Medication units that choose to provide telecounseling will:

- Provide telecounseling services with appropriate application of clinical judgment to best meet patient treatment needs;
- Be in compliance with paragraphs (H)(3) and (H)(4) of rule 5122-40-09 of the Administrative Code; and,
- Ensure that every patient has a designated counselor who is the primary contact for behavioral health treatment and care coordination. While the patient may utilize other counselors for emergencies, all counseling, including telecounseling, will be handled by the

primary counselor. All patients, whether seen in person or via telehealth, count equally toward the staffing ratio specified in paragraph (F)(1) of rule 5122-40-09 of the Administrative Code, and opioid treatment programs will maintain clear and accurate caseload records for auditing purposes.

SOURCE: OAC 5122-40-15, (Accessed Feb. 2024).

Vision Professionals

An optometrist licensed under this chapter may provide telehealth services in accordance with section 4743.09 of the Revised Code.

SOURCE: OH Revised Code Section 4725.35. (Accessed Feb. 2024).

A health care professional may provide telehealth services to a patient located in a health care facility in this state. The health care professional shall comply with all of the following requirements: ...

- That in the absence of an existing doctor-patient relationship, a health care professional shall not provide telehealth services which offer a prescription for glasses or contact lenses without including all the elements of a comprehensive eye exam; however, such doctor-patient relationship may be established by telehealth protocols.

While providing telehealth services, a health care professional may only prescribe, personally furnish, otherwise provide, or cause to be provided a prescription drug that is not a controlled substance to a patient through the provision of telehealth services by complying with all requirements of this rule.

SOURCE: Ohio Administrative Code 4725-25-01. (Accessed Feb. 2024).

CROSS-STATE LICENSING

Last updated 02/16/2024

With respect to the provision of telehealth services, all of the following apply: ...

- The professional may provide telehealth services to a patient located outside of this state if permitted by the laws of the state in which the patient is located.

SOURCE: Ohio Revised code 4743.09, (Accessed Feb. 2024).

Medical Board

“Telehealth services” means health care services provided through the use of information and communication technology by a health care professional licensed in Ohio, within the professional’s scope of practice, who is located at a site other than the site where the patient is receiving the services or the site where another health care

professional with whom the provider of the services is formally consulting regarding the patient is located.

SOURCE: OH Admin Code 4731-37-01 (Accessed Feb. 2024).

Physical Therapy

If a physical therapy patient is located in Ohio, the physical therapist or physical therapist assistant providing physical therapy services via telehealth shall hold a valid license under sections 4755.40 to 4755.56 of the Revised Code.

SOURCE: OH Admin. Code 4755-27-01(10)(b). (Accessed Feb. 2024).

Vision Professionals

A health care professional shall comply with all of the following administrative requirements to provide telehealth services to a patient which meet the standard of care including, but not limited to: ...

- The health care professional shall verify the patient's identity and physical location in Ohio, and communicate the health care professional's name and type of active Ohio license held to the patient if the health care professional has not previously treated the patient. This may be done verbally as long as it is documented by the health care professional in the patient's medical record

A health care professional shall comply with the following requirements to provide telehealth services that involve a formal consultation with another health care professional: ...

- The consulting health care professional shall meet the licensure or certification requirements in division (C) of section 4743.09 of the Revised Code

SOURCE: Ohio Administrative Code 4725-25-01. (Accessed Feb. 2024).

Chiropractic Physicians

Provided that the standard of care for an in-person visit can be met for the patient and the patient's medical condition through the use of the technology selected, each licensee that performs telehealth services must comply with the provisions outlined in Chapter 4734. of the Revised Code and Chapter 4734. of the Administrative Code. The following provisions additionally apply to telehealth services: ...

- The licensee providing telehealth services must have an active Ohio license to practice chiropractic in the state of Ohio.

- The licensee must communicate their first and last name and ensure the patient understands their licensure status as a chiropractor prior to rendering telehealth services to the patient.
- The patient receiving telehealth services must be located within the state of Ohio. The licensee must verify the identity and physical location of the patient at the beginning of each telehealth visit.

SOURCE: OH Admin Code 4734-8-10, (Accessed Feb. 2024).

LICENSURE COMPACTS

Last updated 02/16/2024

Member of Occupational Therapy Licensure Compact.

SOURCE: OT Compact Map. (Accessed Feb. 2024).

Member of the Psychology Interjurisdictional Compact.

SOURCE: PSYPACT, Compact Map, (Accessed Feb. 2024).

Member of Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact, Member States (Accessed Feb. 2024).

Member of Audiology and Speech Language Pathology Interstate Compact.

SOURCE: ASLP-IC, Compact Map, (Accessed Feb. 2024).

Member of Physical Therapy Compact.

SOURCE: PT Compact, Compact Map, (Accessed Feb. 2024).

Member of the Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact (NLC) Map. (Accessed Feb. 2024).

Member of the Counseling Compact.

SOURCE: Counseling Compact Map. (Accessed Feb. 2024).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 02/16/2024

Medical Board

SOURCE: OH Admin Code 4731-37-01. (Accessed Feb. 2024).

Counselor, Social Worker and Marriage and Family Therapist Board

SOURCE: OH Admin Code 4757-5-13 – (Accessed Feb. 2024)

State Board of Speech Language Pathology and Audiology

STATUS: OH Admin. Code 4753-2-01. (Accessed Feb. 2024)

Ohio Vision Professionals Board

STATUS: OH Admin. Code 4725-25-01. (Accessed Feb. 2024).

Occupational Therapy

SOURCE: OH Admin Code 4755-7-05. (Accessed Feb. 2024).

Physical Therapy Practice

SOURCE: OH Admin. Code 4755-27-09. (Accessed Feb. 2024).

State Chiropractic Board

SOURCE: OH Admin Code 4734-8-10, (Accessed Feb. 2024).

Each health care professional licensing board shall permit a health care professional under its jurisdiction to provide the professional's services as telehealth services in accordance with this section. Subject to division (B)(2) of this section, a board may adopt any rules it considers necessary to implement this section. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. Any such rules adopted by a board are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

SOURCE: Ohio Revised code 4743.09, (Accessed Feb. 2024).

MISCELLANEOUS

Last updated 02/16/2024

“Facility fee” means any fee charged or billed for telehealth services provided in a facility that is intended to compensate the facility for its operational expenses and is separate and distinct from a professional fee.

A health care professional providing telehealth services shall not charge a patient or a health plan issuer covering telehealth services under section 3902.30 of the Revised

Code any of the following: a facility fee, an origination fee, or any fee associated with the cost of the equipment used at the provider site to provide telehealth services.

SOURCE: OH Revised Code, Section 4743.09 (Accessed Feb. 2024).

A physician may provide telehealth services in accordance with sections 4743.09 of the Revised Code.

SOURCE: OH Revised Code Section 4731.741 (Accessed Feb. 2024).

An advanced practice registered nurse may provide telehealth services in accordance with section 4743.09 of the Revised Code.

SOURCE: OH Revised Code Section 4723.94 (Accessed Feb. 2024).

General supervision of ancillary personnel is required when a licensed optometrist provides telehealth services from a remote site and delegates ministerial and administrative duties, tasks and functions to ancillary personnel in accordance with 4725-25-01.

SOURCE: OAC 4725-5-18, (Accessed Feb. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 02/16/2024

For PPS services other than transportation, a visit is one face-to-face (person-to-person) encounter between a patient and a provider; for Medicaid payment purposes, a covered service rendered through telehealth by an FQHC or RHC practitioner is a face-to-face encounter. For transportation services, a visit is a one-way trip provided to or from a site where a covered service is rendered on the same date.

A visit may be conducted through telehealth if the service is rendered in accordance with rule 5160-1-18 of the Administrative Code.

SOURCE: OH Administrative Code 5160-28-01. (Accessed Feb. 2024).

MODALITIES ALLOWED

Last updated 02/16/2024

Live Video

FQHCs are explicitly allowed as distant and originating site providers in OH Medicaid. A visit may be conducted through telehealth.

See: OH Medicaid Live Video.

Store and Forward

FQHCs are required to report modifier 'GT' (which indicates telehealth services occurring via real-time interactive audio-video), according to the OH Medicaid Telehealth manual, indicating they are not eligible for store-and-forward reimbursement.

See: OH Medicaid Store and Forward.

Remote Patient Monitoring

Remote patient monitoring will be paid through FFS as a covered non-FQHC/RHC service under the clinic provider type 50 (using ODM's payment schedules).

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022., p. 9 (Accessed Feb. 2024).

See: OH Medicaid Remote Patient Monitoring.

Audio-Only

While the OH Medicaid Telehealth billing guide indicates telephone calls fall within the telehealth definition, CCHP has not found an explicit reference to whether or not FQHCs can be reimbursed for services delivered via telephone.

See: OH Medicaid Email, Phone and Fax.

SAME DAY ENCOUNTERS

Last updated 02/16/2024

Multiple encounters with one health professional or encounters with multiple health professionals constitute a single visit if all of the following conditions are satisfied:

- All encounters take place on the same day;
- All contact involves a single PPS service; and
- The service rendered is for a single purpose, illness, injury, condition, or complaint.

Multiple encounters constitute separate visits if one of the following conditions is satisfied:

- The encounters involve different PPS services; or
- The services rendered are for different purposes, illnesses, injuries, conditions, or complaints or for additional diagnosis and treatment.

SOURCE: OH Administrative Code 5160-28-01. (Accessed Feb. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 02/16/2024

There is no limitation on the practitioner or patient site.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022. (Accessed Feb. 2024).

Managed Care

Patient Site – the physical location of the patient at the time a health care service is provided through the use of telehealth. There is no limitation on the patient site except for penal facilities or public institutions such as jail or prison. Medicaid covered individuals can access telehealth services in the following locations, but are not limited to: ...

- Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

See: OH Medicaid Live Video Eligible Sites.

ELIGIBLE DISTANT SITE

Last updated 02/16/2024

For a covered telehealth service that is also an FQHC or RHC service, the face-to-face requirement is waived.

There is no limitation on the practitioner or patient site. FQHCs are listed as eligible billing ‘pay-to’ providers.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p 5 & 9. (Accessed Feb. 2024).

Managed Care

Providers Eligible to submit claims for telehealth ...

- A federally qualified health center (FQHC) or rural health clinic (RHC) as defined in Chapter 5160-28 of the Administrative Code (using a professional claim form).

SOURCE: OH Department of Medicaid, Telehealth Services: Guidelines for Managed Care Entities, July 15, 2022, (Accessed Feb. 2024).

See: OH Medicaid Live Video Distant Site

FACILITY FEE

Last updated 02/16/2024

No reference found

See: OH Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 02/16/2024

Medical nutrition therapy and lactation services rendered by eligible FQHC and RHC practitioners will be paid under the PPS.

Group therapy will continue to be paid through FFS as a covered non-FQHC/RHC service under the clinic provider type 50 (using ODM’s payment schedules).

Services under the Specialized Recovery Services (SRS) program are not currently covered FQHC or RHC services.

SOURCE: The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 7/15/2022, p. 9. (Accessed Feb. 2024).

HOME ELIGIBLE

Last updated 02/16/2024

A visit may take place at an FQHC or RHC site, in a patient’s home, at a related off-site location, or (for transportation) between an FQHC or RHC site and a patient’s home or a related off-site location.

SOURCE: OH Administrative Code 5160-28-01. (Accessed Feb. 2024).

PATIENT-PROVIDER RELATIONSHIP

Last updated 02/16/2024

No reference found