



Network Notification

Notice Date: April 6, 2020
To: Ohio MyCare Providers
From: CareSource
Subject: COVID-19: Temporary Telehealth Services
Effective Date: Dual-Benefit Eligible – March 6, 2020
Medicaid Only MyCare Members – March 9, 2020

Please note: CareSource is monitoring all guidance related COVID-19. This communication is an update on the [COVID-19: Temporary Telehealth Services](#) network notification dated 03/27/2020. CareSource will communicate updates aligned with state guidance as it is released. Please check back regularly for updated information.

Summary

The Centers for Medicare and Medicaid Services (CMS) has made the decision to expand the Telehealth benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. Secondary to that directive, Ohio Department of Medicaid (ODM) has published a temporary Ohio Administrative Code (OAC) rule [5160-1-21](#) to expand the Medicaid benefit for Telehealth Services. Telehealth as defined in the emergency rule is the direct delivery of health care 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. CMS defines Telehealth as a visit with a provider that uses telecommunication systems between a provider and a patient.

Dual-Benefit Eligible Member Impact

Effective March 6, 2020, all participating providers are eligible to render services to dual-benefit eligible members following the [fact sheet](#) published by CMS and the Telehealth Emergency Rule [5160-1-21](#). This guidance is in an effort to expand the Telehealth benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. All claims will be processed in accordance to the billing guidelines outlined on the CMS fact sheet and the [Appendix to Rule 5160-1-21](#). CareSource will follow all published regulatory guidance in regards to non-participating provider. All Telehealth services rendered must meet the requirements and responsibilities outlined in the emergency rule. CareSource will waive all required face-to-face visit requirements for new and established members as further outlined in the rule except for virtual check-in services which will still require that the member have an established relationship with the provider.

Medicaid Only MyCare Member Impact

Effective March 9, 2020, Behavioral Health claims provided by Community Behavioral Health Centers (CBHCs) will be processed in accordance to this ODM Behavioral Health [Appendix](#).

- Expanded Behavioral Health services that are rendered via Telehealth with dates of service on or after March 9th, 2020, will be processed when billed with Modifier GT and the appropriate Place of Service for the code based on the [ODM Behavioral Health Provider Manual](#). CBHCs should **NOT** submit claims for expanded Behavioral Health services rendered via Telehealth

until further notice or the claim could deny. Currently, CBHCs may bill and be reimbursed for expanded Behavioral Health services rendered via Telehealth without the GT modifier.

Effective March 9, 2020, all other claims including Physical Therapy, Occupational Therapy & Speech Therapy claims will be processed in accordance to the ODM [Appendix to Rule 5160-1-21](#).

- Providers may begin **immediately** submitting claims for all additional services that are now eligible to be rendered via Telehealth due to the temporary emergency expansion, including therapy services, with dates of services on or after March 9, 2020, with Modifier GT and Place of Service 02: Telehealth and CareSource will pend the claims until system functionality supports the additional services to be billed via Telehealth.

Importance

Given that COVID-19 is a communicable disease, CareSource members are encouraged to utilize telehealth services when available.

PLEASE NOTE: CareSource reserves the right to implement and revoke this policy without the state specific contractual notification requirements for a change in policy that is normally required. This would apply both for the effective date as well as for the withdrawal of the policy due to the urgent and emergent nature of the COVID-19 pandemic.

Questions?

For questions specific to the temporary and emergent expansion of the CMS Telehealth benefit on under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, please refer to the CMS [Frequently Asked Questions \(FAQ\) resource](#).

Questions related to Behavioral Health claims provided by Community Behavioral Health Centers (CBHCs) specific guidance, please reference the [Ohio Department of Medicaid Behavioral Health special considerations](#).

Questions specific to the Ohio Department of Medicaid Telehealth Rules including claims information, please refer to the ODM published [FAQ resource](#) and/or the general Ohio Department of Medicaid [COVID-19 webpage](#).

Questions specific to coding for Medicaid Only MyCare Members, please refer to the [Appendix to Rule 5160-1-21](#).

For all other questions, please contact CareSource's Provider Services at **1-800-488-0134**. Our hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time.

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