



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Telehealth and Place of Service for Community Mental Health Clinics- OH MCD-PY-1813	10/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject

Telehealth and Place of Service for Community Mental Health Clinics

B. Background

Community mental health clinics (CMHCs) have evolved as part of a broader national movement to provide accessible mental health services at a local level, providing greater integration of people with behavioral health diagnoses into communities. CMHCs provide a range of services (eg, counseling, case management, support) while emphasizing a holistic approach and integrating mental health with primary care, substance use services and social supports.

Telehealth services have become more common over the last decade. In Ohio, the billing of telehealth services by CMHCs is subject to specific parameters established by state Medicaid policies, federal guidelines, and sometimes private payer rules. Providers must be enrolled in Ohio Medicaid and practice under an appropriate scope of practice for the profession. Claims must include appropriate place of service (POS) codes indicating that a service(s) was delivered via telehealth by use of specific modifiers.

C. Definitions

- **Distant Site** – The physical location of the treating practitioner at the time a service is provided via telehealth.
- **Originating Site** – The physical location of a client at the time the service is furnished via telehealth.
- **Telehealth** – Health care services provided pursuant to applicable Ohio Dept of Medicaid (ODM) telehealth rules and definitions.

D. Policy

- I. The provisions of this policy apply to provider types 84 and/or 95.
- II. Providers must follow OAC 5122-29-31 and the Ohio Dept of Medicaid's (ODM) *Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual* for the provision of telehealth services, including eligible providers, provider types and provider responsibilities. Reimbursement will be made for Ohio-approved medically necessary services when delivered via telehealth from the distant site.
- III. Unless stated otherwise in the billing guidelines, professional claims submitted through the use of telehealth have to include
 - A. a "GT" modifier
 - B. an allowable POS code for each procedure code as reflected in the appendix to OAC 5160-27-03 (02 is not allowed)
 - C. the location at which the service was provided for POS 99
- IV. All CMHC billed claims for telehealth services, regardless of POS, will price at office rates only.

E. Conditions of Coverage

- I. The inclusion of a code or modifier in this policy is not a guarantee of coverage, authorization or reimbursement. CareSource may request documentation for substantiation of submitted claims. Failure to provide documentation may result in recoupment.
- II. *Community Behavioral Health Services Fee Schedules* use Centers for Medicare and Medicaid Services *Place of Service Code Sets* located at www.cms.gov. Additional guidance can be found at OAC 5160-27-03.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	07/15/2026	New policy. Approved at Committee.
Date Revised		
Date Effective	10/01/2026	
Date Archived		

H. References

1. *Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual, V 1.28.1*. Ohio Dept of Medicaid. Published March 24, 2026. Accessed June 9, 2026. www.ohio.gov
2. Reimbursement for Community Behavioral Health Services, OHIO ADMIN. CODE 5160-27-03 (2024).
3. Telehealth, OHIO ADMIN. CODE 5160-1-18 (2026).
4. Telehealth, OHIO ADMIN. CODE 5122-29-31 (2022).

Approved by Ohio Department of Medicaid 07/21/2026.