

State of Emergency Provider Guide Statement on Telehealth

Ohio Medicaid Managed Care Plans (MCPs) and MyCare (MMPs)



Coverage Expansion Overview

In order to ensure that all Ohio Medicaid members have needed access to care, the Ohio Department of Medicaid (ODM) and Medicaid Managed Care Plans (MCPs) are increasing the scope and scale of reimbursement for telehealth services for Medicaid recipients during the duration of the COVID-19 emergency. These coverage expansions will benefit not only members who have contracted or been exposed to the novel coronavirus, but also those members who need to seek care unrelated to COVID-19 and wish to reduce their exposure in public settings. Through collaboration with providers and ODM, the short-term goal of the MCPs is to expand access to critical patient care through the time of emergency, with the overarching goal of creating a future state centered on sustainability and person-centered quality metrics.

This document serves as a simplified reference guide for Medicaid providers on the policies adopted by all MCPs centered on increasing access to evidence-based practices during the COVID-19 emergency. For specific details on reimbursement methods, filing claims and determining legal aspects of delivery of telehealth services, please refer to the ODM and individual MCP websites—links to the websites are included on the last page of this document.

Providers should follow state and federal guidelines regarding performance of telehealth services including permitted modalities.

This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement. MCPs will use industry standard coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.

Overarching Concepts

- Any clinically appropriate service that can be delivered virtually will be eligible for telehealth coverage.
- In accordance with state and federal guidelines, telehealth services may be delivered by providers with **any connection technology** to ensure patient access to care through permitted modalities.
- Continuation of **zero member liability** (copays, cost sharing, etc.) for care delivered via telehealth in accordance with state and federal guidelines.
- Providers who have delivered care via telehealth should reflect it on their claim form by following **standard telehealth billing protocols** described by ODM.
- Telehealth services apply to all individuals with Medicaid **regardless of their status as a new or existing patient.**

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Description

Telemedicine and telehealth are the direct delivery of services where the physician or other healthcare professional and the patient are NOT at the same location. These services are delivered using electronic communications, information technology or using other communication devices.

Definitions

- **Telehealth**—An umbrella term for remote health care that may include health care education and administration as well as real-time clinical services.
- **Telemedicine**—The direct delivery of services to a patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements.
- **Online visits**—A real-time (synchronous), two-way communication that is initiated by the patient to virtually connect a physician or other health care provider for low complexity health care services.
- **Synchronous Telehealth**—Real-time, interactive videoconferencing.
- **Asynchronous Telehealth**—Activities that do not have both audio and video elements in the definition of interactive videoconferencing (telehealth); telephone calls, images transmitted through fax and electronic mail.
- **Asynchronous store and forward technologies**—The transfer of a patient's medical information, through the use of a camera or recording device that is sent via telecommunication to another site for consultation.
- **Place of Service Codes (POS)**—Codes that specifically indicate where a service or procedure was performed.
- **Telemedicine vendor**—The participating telehealth vendor with a health plan that renders the telemedicine services. Health plans may use one vendor, multiple vendors or align with provider based vendors.

Prior-authorization

Prior-authorization for telehealth service delivery is not required. Prior-authorization applies to the underlying service and not the use of telehealth as a mode of delivery. Providers who are not part of an MCP's participating network should check on prior-authorization requirements for services. (See health plan links and conditions of coverage below.)

Reimbursement

Telemedicine services are reimbursed according to Ohio Medicaid guidelines and using appropriate CPT and/or HCPCS and modifier codes. Please consult individual MCP reimbursement policies and ODM policies (links on the last page of this document.)

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Instruction

- No place of service restrictions—allow any POS, including 99 (keep restriction on POS 09) (see **For behavioral health agencies** below).
- No initial face-to-face visit is necessary to initiate services through telehealth. Where applicable, the requirement that an initial visit must be face to face is suspended.
- Prior to providing services to a patient using telehealth, the provider should describe to the patient the potential risks associated with receiving treatment services via telehealth. The risks to be communicated to the patient should, at a minimum, include clinical aspects, security considerations and confidentiality of information when receiving services via telehealth.
- Telemedicine providers are required to be licensed in the state where they are located and the state where the member is located. Providers can only bill for services within their scope of license.
- The practitioner site should have access to the medical records of the patient at the time of service to the greatest extent possible and is responsible for maintaining documentation. If the medical record is not available, the practitioner site should create appropriate documentation and to the greatest extent possible, maintain existing documentation requirements.
- MCP par and non-par providers can provide Telehealth services, but the provider must be participating with Ohio Medicaid.
- If the practitioner site does not bill the MCP 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, the MCP's recommend the place of service (POS) code reported on the professional claim should reflect the location of the billing provider.

Note: Although telemedicine/telehealth service delivery does not require a prior authorization, the MCP may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

Where can Telehealth be provided?

Patient site—the patient site is wherever the patient is located. There is no limitation on the patient site except for penal facilities or public institutions such as jail or prison.

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 provider billing manual**.

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Eligible Providers

- A professional medical group.
- 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.
- Ambulatory health care clinics (AHCC) as described in Chapter 5160-13 of the Administrative Code.
- Outpatient hospitals.
- Medicaid school program (MSP) providers as defined in Chapter 5160-35 of the Administrative Code.
- Private duty nurses.
- Home health and hospice agencies.

Behavioral health providers as defined in paragraphs (A)(1) and (A)(2) of rule **5160-27-01** of the Ohio Administrative Code. Any practitioner listed as a rendering above, except for the following dependent practitioners:

- Supervised practitioners and supervised trainees as defined in rule 5160-8-05 of the Administrative Code.
- Occupational therapist assistant as defined in section 4755.04 of the Revised Code.
- Physical therapist assistant as defined in section 4755.40 of the Revised Code.
- Speech-language pathology aides and audiology aides as defined in section 4753.072 of the Revised Code.
- An individual holding a conditional license as defined in section 4753.071 of the Revised Code.
- Therapist who provide services on behalf of a Medicaid School Program (MSP) Provider. For the purpose of the Medicaid School Program, the school is the provider of record, who is responsible for billing Medicaid.
- Licensed health professionals, such as respiratory therapists and athletic trainers, who are not enrolled as Ohio Medicaid providers but are employed or under contract with an enrolled provider to deliver critical support services.
- Home health and hospice aide.
- Registered Nurses (RN) and Licensed Practical Nurses (LPN) in the home health or hospice settings.

Conditions of coverage

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the appropriate Ohio Medicaid **fee schedules**.

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References

- **Ohio Administrative Code** » 5160 Medicaid » Chapter 5160-1 General Provisions- 5160-1-18 Telehealth accessed on July 24, 2020.
- **Ohio Department of Medicaid COVID-19 Emergency Telehealth Rules Summary of Updated Guidance** accessed on July 24, 2020.
- Ohio Department of Medicaid **Provider's Fee Schedule**.

Managed Care Plan Links

- Aetna
- Buckeye Health Plan
- CareSource
- Molina Healthcare
- Paramount Health Care
- UnitedHealthcare Community Plan of Ohio