



NETWORK Notification

Notice Date: February 13, 2026
To: Ohio Medicaid Providers
From: CareSource
Subject: Telehealth: Updates to the OAC Rule Effective Date January 1, 2026

This notification is a revision to the [network notification](#) posted on January 1, 2026. Updates are in red font.

Summary

The Ohio Administrative Code ([OAC](#)) Rule 5160-1-18 regarding telehealth has recently been amended. These changes are significant for all providers delivering telehealth services and will impact on billing and reimbursement processes.

Impact

1. Eligible Providers
 - Addition of:
 - Doulas
 - International board-certified lactation consultants
 - Removal of:
 - Hospice aides
 - Private duty registered nurses or licensed practical nurses in a hospice setting
2. Eligible Health Care Services for Payment
 - Newly Added Services:
 - Doula services as defined in rule [5160-8-43](#) of the Administrative Code
 - Nurse home visiting services as defined in rule [5160-21-05](#) of the Administrative Code
 - Report of Pregnancy submitted on either form Ohio Department of Medicaid (ODM) 10257, "Report of Pregnancy (ROP)" or its web-based equivalent
 - EAPG covered telehealth-eligible codes as identified on the ODM website: www.medicaid.ohio.gov
 - Individual counseling for pre-exposure prophylaxis (PrEP)
 - Services that have a code description including a telehealth component and are covered in an ODM fee schedule
 - Other services, if specifically authorized in rules promulgated under agency 5160 of the Administrative Code
3. Submission Requirements
 - A rendering provider's National Provider Identifier (NPI) is now required as part of the criteria for professional claims submitted for telehealth services.
 - New Telehealth Codes 98000-98016, [updated on January 1, 2025. ODM Billing Guidelines 2025 Final](#)
 - While Fee-for-Service (FFS) does not accept Place of Service (POS) 02 and POS 10, Managed Care Entities (MCEs) may choose to allow these codes to identify telehealth services. For the new telemedicine 980XX codes, providers should bill POS 02 and POS 10, in alignment with the correct coding guidelines established by the American Medical Association (AMA).

Key Points:

- Since the code description indicates a telehealth or electronic service, the GT modifier is not required.
- As POS 02 and POS 10 indicate the location of the patient, the use of a U modifier is also not required.

Importance

These updates are crucial for ensuring compliance with state regulations and for optimizing the delivery of telehealth services. The inclusion of new eligible providers and services expands access to care for patients, while the requirement for NPI submission enhances the accuracy of claims processing.

As a provider, it is essential to familiarize yourself with these changes to ensure that your telehealth services are billed correctly and that you receive appropriate reimbursement.

Questions?

Please contact Provider Services at **1-800-488-0134**, Monday through Friday from 8 a.m. to 8 p.m.

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