

5160-1-18**Telehealth.**

(A) For the purposes of this rule, the following definitions apply:

- (1) "Patient site" is the physical location of the patient at the time a health care service is provided through the use of telehealth.
- (2) "Practitioner site" is the physical location of the treating practitioner at the time a health care service is provided through the use of telehealth.
- (3) "Telehealth" is:
 - (a) The direct delivery of health care services to a patient via synchronous, interactive, real-time electronic communication comprising both audio and video elements; or
 - (b) 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.

(B) Eligible providers.

- (1) The following practitioners are eligible to render services through the use of telehealth:
 - (a) Physician as defined in Chapter 4731. of the Revised Code.
 - (b) Psychologist as defined in Chapter 4732. of the Revised Code.
 - (c) Physician assistant as defined in Chapter 4730. of the Revised Code.
 - (d) Clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as defined in Chapter 4723. of the Revised Code.
 - (e) Licensed independent social worker, licensed independent marriage and family therapist, or licensed professional clinical counselor as defined in Chapter 4757. of the Revised Code.
 - (f) Licensed independent chemical dependency counselor as defined in Chapter 4758. of the Revised Code.
 - (g) Supervised practitioners and supervised trainees as defined in rule 5160-8-05 of the Administrative Code.

- (h) Audiologist, speech-language pathologist, speech-language pathology aides, and audiology aides as defined in Chapter 4753. of the Revised Code.
 - (i) Occupational and physical therapist and occupational and physical therapist assistants as defined in Chapter 4755. of the Revised Code.
 - (j) Home health and hospice aides.
 - (k) Private duty registered nurse or licensed practical nurse in a home health or hospice setting.
 - (l) Dentists as defined in Chapter 4715. of the Revised Code.
 - (m) Medicaid school program (MSP) practitioners as described in Chapter 5160-35 of the Administrative Code.
 - (n) Dietitians as defined in Chapter 4759. of the Revised Code.
 - (o) Behavioral health practitioners as defined in rule 5160-27-01 of the Administrative Code.
- (2) The following provider types are eligible to bill for services rendered through the use of telehealth:
- (a) Any practitioner identified in paragraph (B)(1) of this rule, except for the following dependent practitioners:
 - (i) Supervised practitioners and supervised trainees as defined in rule 5160-8-05 of the Administrative Code;
 - (ii) Occupational therapist assistant as defined in section 4755.04 of the Revised Code;
 - (iii) Physical therapist assistant as defined in section 4755.40 of the Revised Code;
 - (iv) Speech-language pathology aides and audiology aides as defined in section 4753.072 of the Revised Code; and
 - (v) An individual holding a conditional license as defined in section 4753.071 of the Revised Code.
 - (b) A professional medical group.

- (c) A professional dental group.
- (d) A federally qualified health center (FOHC) or rural health clinic (RHC) as defined in Chapter 5160-28 of the Administrative Code.
- (e) Ambulatory health care clinics (AHCC) as described in Chapter 5160-13 of the Administrative Code.
- (f) Outpatient hospitals.
- (g) Medicaid school program (MSP) providers as defined in Chapter 5160-35 of the Administrative Code.
- (h) Private duty nurses.
- (i) Home health and hospice agencies.
- (j) Behavioral health providers as defined in paragraphs (A)(1) and (A)(2) of rule 5160-27-01 of the Administrative Code.

(C) Requirements and responsibilities.

- (1) All services provided via telehealth shall be provided in accordance with all state and federal laws including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any HIPAA related directives of the Office of Civil Rights (OCR) at the department of health and human services (HHS) issued during the COVID 19 national emergency and 42 C.F.R. part 2 (January 1, 2020).
 - (2) The practitioner site is responsible for maintaining documentation in accordance with paragraph (C)(1) of this rule for the health care service delivered through the use of telehealth.
 - (3) Practitioner and patient site locations should be consistent with the current procedural terminology (CPT) and health care common procedure coding systems (HCPCS) guidelines for the service being provided.
- (D) Payment may be made only for the following medically necessary health care services identified in the appendix to this rule when delivered through the use of telehealth from the practitioner site:
- (1) Evaluation and management of a new patient described as "office or other outpatient visit" with medical decision making not to exceed moderate complexity.

- (2) Evaluation and management of an established patient described as "office or other outpatient visit" with medical decision making not to exceed moderate complexity.
- (3) 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, as documented in the medical record.
- (4) Mental health or substance use disorder services described as "psychiatric diagnostic evaluation" or "psychotherapy."
- (5) Remote evaluation of recorded video or images submitted by an established patient.
- (6) Virtual check-in by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient.
- (7) Online digital evaluation and management service for an established patient.
- (8) Remote patient monitoring.
- (9) Audiology, speech-language pathology, physical therapy, and occupational therapy services, including services provided in the home health setting.
- (10) Medical nutrition services.
- (11) Lactation counseling provided by dietitians.
- (12) Psychological and neuropsychological testing.
- (13) Smoking and tobacco use cessation counseling.
- (14) Developmental test administration.
- (15) Limited oral evaluation.
- (16) Hospice services.
- (17) Private duty nursing services.
- (18) State plan home health services.
- (19) End stage renal disease (ESRD) related services.

- (20) Services under the specialized recovery services (SRS) program as defined in rule 5160-43-01 of the Administrative Code.
- (21) Behavioral health services covered under Chapter 5160-27 of the Administrative Code and rule 5160-8-05 of the Administrative Code with the following provisions:

 - (a) Face to face service provision requirements are not applicable;
 - (b) Services may be rendered by provider teams that do not meet fidelity score requirements; and
 - (c) OhioMHAS certified community behavioral health centers that have previously rendered medicaid peer recovery support services, as evidenced by a claim submitted to ODM or a medicaid managed care plan with a date of service on or prior to the effective date of this emergency rule, may use telehealth as described in this rule to deliver peer recovery support services.

(E) Submission and payment of telehealth claims.

- (1) The practitioner site may submit a professional claim for health care services delivered through the use of telehealth.
- (2) An institutional (facility) claim may be submitted by the practitioner site for the health care service through the use of telehealth. Services provided in a hospital setting may be billed in accordance with rule 5160-2-02 of the Administrative Code.
- (3) The practitioner site may submit a claim for a telehealth originating fee. If such a practitioner renders a separately identifiable evaluation and management service to the patient on the same date as the health care service delivered through the use of telehealth, the provider may submit a claim for the evaluation and management service and the telehealth originating fee.
- (4) Medicaid-covered services may be provided through telehealth, as appropriate, if otherwise payable under the medicaid school program as defined in Chapter 5160-35 of the Administrative Code.
- (5) Except for services billed by behavioral health providers as defined in paragraphs (A)(1) and (A)(2) of rule 5160-27-01 of the Administrative Code and FOHC and RHC services defined in rules 5160-28-03.1 and 5160-28-03.3 of the Administrative Code, the payment amount for a health care service delivered through the use of telehealth is the lesser of the submitted charge

or the maximum amount shown in appendix DD to rule 5160-1-60 of the Administrative Code for the date of service.

- (6) For a covered telehealth service that is also an FOHC or RHC service, the face-to-face requirement is waived and payment is made in accordance with Chapter 5160-28 of the Administrative Code.
- (7) Individuals who meet the definition of inmate in a penal facility or a public institution as defined in rule 5160:1-1-03 of the Administrative Code are not eligible for reimbursement for telehealth services.
- (8) For any professional claim submitted for health care services utilizing telehealth to be paid, it is the responsibility of the provider to follow ODM billing guidelines found on the ODM website, www.medicaid.ohio.gov.
- (9) For telehealth services billed by behavioral health providers as defined in paragraphs (A)(1) and (A)(2) of rule 5160-27-01 of the Administrative Code, payment is made in accordance with Chapter 5160-27 of the Administrative Code.

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