

Telehealth Services: Guidelines for Managed Care Entities

Applies to dates of service on or after July 15, 2022

Telehealth Services: Guidelines for Managed Care Entities (version 3.0)

THE OHIO DEPARTMENT OF MEDICAID

Medicaid Managed Care Organizations (MCOs), MyCare Ohio Plans (MCOPs) and the OhioRISE plan (hereinafter referred to collectively as managed care entities or MCEs) will use the guidelines outlined in this document to allow their Ohio Department of Medicaid (ODM) members to continue using telehealth as an option for services.

In accordance with the MCE provider agreements, MCEs shall cover telehealth services as specified in this document. This document has been developed specifically for MCEs, and outlines requirements related to payment for telehealth services as well as information regarding the provider types allowed to deliver services through telehealth. The telehealth services included in this document reiterate the requirements outlined in Ohio Administrative Code (OAC) rule 5160-1-18, Telehealth Services, effective 07/15/2022.

ODM will notify the MCEs about future changes being made to the telehealth benefit. In addition to the notification from ODM, these guidelines will be updated. As specified in the MCE provider agreements, plans will have 30 calendar days to update their systems to accommodate any changes made to these guidelines.

This document includes the services available through telehealth rendered by the following eligible practitioners:

- Physician as defined in Chapter 4731. of the Revised Code.
- Psychologist as defined in Chapter 4732. of the Revised Code.
- Physician assistant as defined in Chapter 4730. of the Revised Code.
- Clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as defined in Chapter 4723. of the Revised Code.
- Licensed independent social worker, licensed independent marriage and family therapist, or licensed professional clinical counselor as defined in Chapter 4757. of the Revised Code.
- Licensed independent chemical dependency counselor as defined in Chapter 4758. of the Revised Code.
- Supervised practitioners, trainees, residents, and interns as defined in rules 5160-4-05 and 5160-8-05 of the Administrative Code.
- Audiologist, speech-language pathologist, speech-language pathology aides, audiology aides and individuals holding a license as defined in Chapter 4753. of the Revised Code.
- Occupational and physical therapist and occupational and physical therapist assistants as defined in Chapter 4755. of the Revised Code.
- Home health and hospice aides.
- Private Duty Nursing as defined in Chapter 5160-12 of the Administrative Code Dentists as defined in Chapter 4715. of the Revised Code.
- Medicaid school program (MSP) practitioners as described in Chapter 5160-35 of the Administrative Code.
- Dietitians as defined in Chapter 4759. of the Revised Code.
- Behavioral health practitioners as defined in rule 5160-27-01 of the Administrative Code.
- Optometrists as defined in Chapter 4725. of the Revised Code
- Other practitioners if specifically authorized in rule promulgated under Agency 5160 of Administrative Code
- Pharmacists as defined in Chapter 4729:1-1 of the Administrative Code
- Chiropractors as defined in Chapter 4734.60 of the Revised Code

What is Telehealth?

The following is considered telehealth:

- Direct delivery of health care services to a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; **OR**
- Activities that are asynchronous and activities that do not have both audio and video elements such as:
 - o Telephone calls
 - o Remote patient monitoring; and
 - o Communication with a patient through secure electronic mail or secure patient portal

- For behavioral health providers eligible under rule 5160-27-01 of the OAC, telehealth is defined in rule 5122-29-31 of the OAC.

Where can Telehealth be provided?

Patient Site – the physical location of the patient at the time a health care service is provided through the use of telehealth. There is no limitation on the patient site except for penal facilities or public institutions such as jail or prison. Medicaid covered individuals can access telehealth services in the following locations, but are not limited to:

- Home
- School
- Temporary housing
- Homeless shelter
- Assisted Living Facility
- Nursing Facility
- Outpatient Hospital
- Group home
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)
- Ambulatory Health Care Clinics
- Pharmacy/ Pharmacies

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 Manual v 1.23.pdf \(ohio.gov\)](#).

What provider types are eligible to submit a claim, or bill, for services rendered through the use of telehealth?

- A professional medical group.
- An individual dentist or 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 (using a professional claim form).
- Ambulatory health care clinics (AHCC) as described in Chapter 5160-13 of the Administrative Code.
- Outpatient hospitals (facility claim can only be submitted when services are provided by licensed psychologists, and independent practitioners not allowed to separately bill when providing services in an outpatient hospital setting.)
- Hospitals operating an outpatient behavioral health program in accordance with rule 5160-2-76 of the Administrative Code
- Medicaid school program (MSP) providers as defined in Chapter 5160-35 of the Administrative Code.
- Private duty or non-agency nurses.
- Home health and hospice agencies.
- Licensed independent behavioral health providers as defined in rule 5160-27-01 of the Administrative Code.
- Occupational therapist, physical therapist, speech-language pathologist, audiologist.
- Dietitian
- Physician, psychiatrist, ophthalmologist
- Optometrist
- Psychologist
- Physician Assistant
- Advanced Practice Registered Nurse
- Pharmacists as defined in 4729:1-1 of the Administrative Code.
- Pharmacy as defined in rule 5160-9-01 of the Administrative Code.
- Chiropractor
- Care Management Entities

If the practitioner site does not bill the MCE 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, ODM recommends the place of service (POS) code reported on the professional claim should reflect the location of the billing provider if the rendering practitioner's location is unknown.

Managed Care Organizations must allow Applied Behavioral Analysis (ABA) services to be available through telehealth under the current guidelines that were established in June 2018. If the provider is not enrolled with Medicaid, a single case agreement would be needed.

When to pay a member's claim as primary where Medicare or commercial insurance is present?

When a member has Medicare or commercial insurance as primary given the differences in what procedure codes are covered for telehealth, and differences in means of delivery, paying as primary should be allowed in certain circumstances. The appendices to this document have identified the service codes that should allow Medicaid to pay as primary, as follows:

- Codes that are not covered for Medicare or primary insurance as telehealth have a 'No' in the **Medicare Telehealth Coverage** column.
- Codes that are covered for Medicare when rendered by telephone as telehealth have 'Yes' in the **Audio-only interaction allowed by Medicare** column.

For more information on how ODM requires providers to submit claims for telehealth services, additional documents are available on the ODM website:

<https://medicaid.ohio.gov/RESOURCES/Publications/ODM-Guidance>
<https://medicaid.ohio.gov/COVID/ODM-Emergency-Telehealth>

Specific changes for fee-for-service rule 5160-1-18, effective 07/15/2022, unless stated otherwise in billing guidelines:

- The GT modifier must be included on the claim to identify the service as telehealth
- The place of service (POS) code reported on a professional claim must reflect the physical location of the practitioner. The POS code set is maintained by the Centers for Medicare and Medicaid Services (CMS) and can be found here: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
- Place of service 02 (Telehealth) will not be accepted on claims where Medicaid is the primary payer.
 - o The exception to the POS 02 limitation is for home health claims. Home Health claims will still require the POS 02.
 - o While FFS does not accept POS 02 and POS 10, MCOs may choose to allow these codes to identify telehealth services.

Eligible Rendering Provider Types (MITS Provider Type)

Provider Type Description	MITS Provider Type	Appendix
Physician, Psychiatrist, Ophthalmologist	20	A, B, E
Podiatrist	36	A, C
Psychologist	42	A, B
Physician Assistant	24	A, B, E
Dentist	30	B
Clinical Nurse Specialist	65	A, B, E
Certified Nurse Midwife	71	A, B
Certified Nurse Practitioner	72	A, B, E
Licensed Independent Social Worker	37	A, B
Licensed Independent Chemical Dependency Counselor	54	A, B
Licensed Independent Marriage and Family Therapist	52	A, B
Licensed Professional Clinical Counselor	47	A, B
Dietitians	07	B
Audiologist	43	C
Occupational Therapist	41	C
Physical Therapist	39	C
Speech-language pathologist	40	C
Supervised practitioners, trainees, residents, and interns as defined in rules 5160-4-05 and 5160-8-05 of the Administrative Code	Multiple, *	A, B, G
Optometrists	35	A, B
Pharmacists	69	J
Chiropractors	72	
Occupational therapist assistant	*	C
Physical therapist assistant	*	C
Speech-language pathology aide	*	C
Audiology Aide	*	C
Individuals holding a conditional license as described in section 4753.071 of the Revised Code	*	C
Licensed health professionals providing medically necessary supportive services	*	A, B, C
Registered Nurses (RN) and Licensed Practical Nurses (LPN) working in a hospice or home health setting	38	D
Home health and hospice aides	38	D
Non-Agency Nurses	38	D
Medicaid School Program (MSP) practitioners described in 5160-35 of the Administrative Code (Carved out of managed care)	Multiple	A, B, C
For OhioMHAS certified agencies, those practitioners that can render the service according to BH provider billing manual may render the service via telehealth.	Multiple	G, H
For OhioRISE services, those provider types that can render the service according to OhioRISE Provider Enrollment and Billing Guidance may render the service via telehealth.	Multiple	K

* For practitioners who are not eligible for a provider agreement or are not required to enroll, any services they provide would be reported under the supervisor's NPI on the claim. The licensed and enrolled practitioner who is supervising would report their NPI as the rendering.

Eligible Billing Provider Types (MITS Provider Type/Provider Specialty)

Provider Type Description	MITS Provider Type	Appendix
Professional Medical Group	21	A, B, E
Professional Dental Group	31	B
Federally Qualified Health Center	12	A, B, C
Rural Health Clinic	05	A, B
Ambulatory Health Care Clinics	50	A, B, C (outpatient rehabilitation clinics)
Pharmacy	70	J
Pharmacist	69	J
Outpatient Hospitals	01	F
Outpatient Hospitals and Psychiatric Hospitals providing Outpatient Hospital Behavioral Health (OPHBH) services	01, 02	G
Medicaid School Program Provider (Carved out of managed care)	28	A, B, C
Home Health and hospice agencies	16, 44, 60	D
Private Duty Nurses	38	D
OhioMHAS certified agencies (all claims must be submitted by the billing agency)	84 or 95	H, I
Non-agency nurses		
Physician, Psychiatrist, Ophthalmologist	20	A, B, E
Podiatrist	36	A, C
Psychologist	42	A, B
Physician Assistant	24	A, B, E
Dentist	30	B
Clinical Nurse Specialist	65	A, B, E
Certified Nurse Midwife	71	A, B
Certified Nurse Practitioner	72	A, B, E
Licensed Independent Social Worker	37	A, B
Licensed Independent Chemical Dependency Counselor	54	A, B
Licensed Independent Marriage and Family Therapist	52	A, B
Licensed Professional Clinical Counselor	47	A, B
Dietitians	07	B
Audiologist	43	C
Occupational Therapist	41	C
Physical Therapist	39	C
Speech-language pathologist	40	C
Optometrists	35	A, B
Pharmacists	69	J
Chiropractors	72	
Care Management Entity	21, 45, 84, 95	K

For a covered telehealth service that is also an FQHC or RHC service, the face-to-face requirement is waived, and payment is made in accordance with Chapter 5160-28 of the Administrative Code.

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Appendix A – Telehealth Specific Services Codes

Services Covered under 5160-1-18			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (Current as of 10/14/2020)
90785	Interactive complexity (added 11/15/2020)	Yes	Yes
90791	Psychiatric diagnostic evaluation	Yes	Yes
90792	Psychiatric diagnostic evaluation with medical services	Yes	Yes
90832	Psychotherapy, 30 minutes with patient	Yes	Yes
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	Yes	Yes
90834	Psychotherapy, 45 minutes with patient	Yes	Yes
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	Yes	Yes
90837	Psychotherapy, 60 minutes with patient	Yes	Yes
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	Yes	Yes
90846	Family psychotherapy without patient present (added 11/15/2020)	Yes	Yes
90847	Family psychotherapy with patient present (added 11/15/2020)	Yes	Yes
90849	Multiple-family group psychotherapy (added 11/15/2020)	No	No
90853	Group psychotherapy (added 11/15/2020)	Yes	Yes
99202	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 20 minutes.	Yes	No
99203	Office or other outpatient visit for the evaluation and management of a new patient; Medical decision making of low complexity. Typically, 30 minutes.	Yes	No
99204	Office or other outpatient visit for the evaluation and management of a new patient; Medical decision making of moderate complexity. Typically, 45 minutes.	Yes	No

99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes.	Yes	No
99212	Office or other outpatient visit for the evaluation and management of an established patient; Straightforward medical decision making. Typically, 10 minutes.	Yes	No
99213	Office or other outpatient visit for the evaluation and management of an established patient; Medical decision making of low complexity. Typically, 15 minutes.	Yes	No
99214	Office or other outpatient visit for the evaluation and management of an established patient; Medical decision making of moderate complexity. Typically, 25 minutes.	Yes	No
99241	Office consultation for a new or established patient. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes.	No	No
99242	Office consultation for a new or established patient; Straightforward medical decision making; Typically, 30 minutes.	No	No
99243	Office consultation for a new or established patient; Medical decision making of low complexity. Typically, 40 minutes.	No	No
99244	Office consultation for a new or established patient; Medical decision making of moderate complexity. Typically, 60 minutes.	No	No
99245	Office consultation for a new or established patient; Medical decision making of high complexity. Typically, 80 minutes.	No	No
99251	Inpatient consultation for a new or established patient; straightforward medical decision making. Typically, 20 minutes.	No	No
99252	Inpatient consultation for a new or established patient; Straightforward medical decision making. Typically, 40 minutes.	No	No
99253	Inpatient consultation for a new or established patient; medical decision making of low complexity. Typically, 55 minutes.	No	No
99254	Inpatient consultation for a new or established patient; medical decision making of moderate complexity. Typically, 80 minutes.	No	No

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99255	Inpatient consultation for a new or established patient; medical decision making of high complexity. Typically, 110 minutes.	No	No
99324	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 20 MINUTES (added 11/15/2020)	Yes	No
99325	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 30 MINUTES (added 11/15/2020)	Yes	No
99326	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 45 MINUTES (added 11/15/2020)	Yes	No
99415	Prolonged E&M visit, first 60 minutes	No	No
99416	Prolonged E&M visit, additional 30 minutes	No	No
99417	Prolonged E&M visit, additional 15 minutes	No	No
99421 *	Online digital eval and mgmt service, established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Yes	See Medicare guidance
99422 *	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Yes	See Medicare guidance
99423 *	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Yes	See Medicare guidance
99441 *	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Yes - added 4/30/2020	See Medicare guidance
99442 *	Telephone E/M service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days; 11-20 minutes of medical discussion	Yes - added 4/30/2020	Yes
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Yes	No

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99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time	Yes	No
G0406 *	Follow-up inpatient consult, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	Yes	Yes
G0407 *	Follow-up inpatient consult, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	Yes	Yes
G0408 *	Follow-up inpatient consult, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	Yes	Yes
G0425 *	Telehealth consult, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	Yes	Yes
G0426 *	Telehealth consult, emergency department or initial inpatient, typically 50 min communicating with the patient via telehealth	Yes	Yes
G0427 *	Telehealth consult, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	Yes	Yes
G2010	Remote eval of recorded video and/or images submitted established patient	Yes	See Medicare guidance
G2012	Brief communication technology-based service, e.g., virtual check-in, by physician or other qualified health care professional who can report E/M services, established patient	Yes	See Medicare guidance

*Along with modifier GT, modifiers GC and GE are to be used to indicate a resident performed a service under the direction of a teaching physician or that the resident has a primary care exception. These modifiers would be situational depending on who provided the service and are not specific to telehealth.

Appendix B – Service Codes Covered via Telehealth (professional services, dental, optometry)

Services Covered under OAC 5160-1-60			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (Current as of 10/14/2020)
90846	Family psychotherapy without patient present	Yes	Yes
90847	Family psychotherapy with patient present	Yes	Yes
92012	Eye exam, established patient (added 11/15/2020)	Yes	No
92065	Orthoptic/Pleoptic training (added 11/15/2020)	No	No
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Yes - added 4/30/2020	No
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes	Yes - added 4/30/2020	No
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Yes	Yes
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family	Yes	Yes

	member(s) or caregiver(s), when performed; first hour		
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour	Yes	Yes
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	Yes
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional; each additional hour	Yes	Yes
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Yes	Yes
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes	Yes	Yes
97802	Medical nutrition therapy; initial assessment and intervention, each 15 minutes	Yes	Yes
97803	Medical nutrition therapy; re-assessment and intervention, each 15 minutes	Yes	Yes
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes	Yes	Yes
97802 TH	Lactation counseling provided by dietitian; initial assessment and intervention, each 15 minutes	Yes	See Medicare guidance
97803 TH	Lactation counseling by dietitian; re-assessment and intervention, each 15 minutes	Yes	See Medicare guidance
97804 TH	Lactation counseling; group with 2 or more individuals), each 30 minutes.	Yes	See Medicare guidance
99281	Emergency department visit for the evaluation and management of a patient; Usually, the presenting problem(s) are self-limited or minor.	Yes	No

99282	Emergency department visit for the evaluation and management of a patient; Usually, the presenting problem(s) are of low to moderate severity.	Yes	No
99283	Emergency department visit for the evaluation and management of a patient; Usually, the presenting problem(s) are of moderate severity.	Yes	No
99284	Emergency department visit for the evaluation and management of a patient; Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	Yes	No
99285	Emergency department visit for the evaluation and management of a patient; Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	Yes	No
99304	Initial nursing facility care, per day, for the E/M of a patient. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	No
99305	Initial nursing facility care, per day, for the E/M of a patient. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	No
99306	Initial nursing facility care, per day, for the E/M of a patient. 45 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	No
99307	Subsequent nursing facility care, per day, for the E/M of a patient. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	No
99308	Subsequent nursing facility care, per day, for the E/M of a patient. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	No
99309	Subsequent nursing facility care, per day, for the E/M of a patient. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	No
99310	Subsequent nursing facility care, per day, for the E/M of a patient. 35 minutes are spent at the bedside, on the patient's facility floor or unit.	Yes	No
99315	Nursing facility discharge day management; 30 minutes or less	Yes	No
99316	Nursing facility discharge day management; more than 30 minutes	Yes	No

99327	Domiciliary or rest home visit for the E/M of a new patient. 60 min are spent with the patient and/or family or caregiver.	Yes	No
99328	Domiciliary or rest home visit for the E/M of a new patient. 75 min are spent with the patient and/or family or caregiver.	Yes	No
99334	Domiciliary or rest home visit for the E/M of an established patient. 15 min spent with the patient and/or family or caregiver.	Yes	No
99335	Domiciliary or rest home visit for the E/M of an established patient. 25 min spent with the patient and/or family or caregiver.	Yes	No
99336	Domiciliary or rest home visit for the E/M of an established patient. 40 min spent with the patient and/or family or caregiver.	Yes	No
99337	Domiciliary or rest home visit for the evaluation and management of an established patient. 60 min are spent with the patient and/or family or caregiver.	Yes	No
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Yes	Yes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Yes	Yes
99453	Remote monitoring of physiologic parameter(s) initial; set-up and patient education on use of equipment	Yes	No
99454	Remote monitoring of physiologic parameter(s) initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Yes	See Medicare guidance
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Yes	See Medicare guidance
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	Yes	See Medicare guidance
D0120	Periodic oral evaluation (added 11/15/2020)	No	No
D0140	Limited oral evaluation – problem focused	No	No
D9995	Teledentistry - synchronous; real-time encounter; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.		
G0108	Diabetes management training, individual, 30 minutes	Yes	Yes

G0109	Diabetes management training, group, 30 minutes	Yes	Yes
S9436	Childbirth prep/Lamaze classes, non-physician	No	No
S9437	Childbirth refresher classes, no-physician	No	No
S0444	Baby parenting classes, non-physician	No	No
S9447	Infant safety (including CPR) training, non-physician	No	No
S9452	Prenatal nutrition classes, non-physician	No	No
S9453	Smoking cessation class	No	No
S9470	Prenatal nutrition counseling, dietician visit	No	No

- Dentists may provide a limited problem-focused oral exam (CDT D0140) or periodic oral evaluation (D0120) through telehealth. When billing for the procedure on a **professional claim**, providers should use the GT modifier. When billing for the procedure on a **dental claim**, providers should include procedure code D9995 to indicate the service was provided through telehealth. They must use a place of service code (POS) that reflects the physical location of the practitioner.
- Nursing facilities (NF) are reimbursed for all telehealth related services through the NF per diem rate and do not bill for the telehealth related services they provide. The physicians and other eligible providers may bill for the services they provide to nursing facility residents from the practitioner's site.

Appendix C –**Service Codes Covered via Telehealth (Occupational Therapy, Physical Therapy, Speech-Language Pathology and Audiology Services)**

Services Covered under 5160-8-35			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (Current as of 10/14/2020)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Yes	Yes
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Yes - added 4/30/2020	Yes
92521	Evaluation of speech fluency	Yes	Yes
92522	Evaluation of speech sound production	Yes	Yes
92523	Evaluation of speech sound production; with evaluation of language comprehension and expression	Yes	Yes
92524	Behavioral and qualitative analysis of voice and resonance	Yes	Yes
92526	Treatment of swallowing dysfunction and/or oral function for feeding	No	N/A
92556	Speech audiometry threshold; with speech recognition	No	N/A
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	Yes - added 4/30/2020	Yes
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	Yes - added 4/30/2020	Yes
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	Yes - added 4/30/2020	Yes
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	Yes - added 4/30/2020	Yes
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	No	N/A
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	No	N/A
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 min	No	N/A

92609	Therapeutic services for the use of speech-generating device, including programming and modification	No	N/A
96110	Developmental screening, with scoring and documentation, per standardized instrument	Yes - added 4/30/2020	No
96112	Developmental test administration, by physician or other qualified health care professional, with interpretation and report; first hour	Yes - added 4/30/2020	No
96113	Developmental test administration, by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes	Yes - added 4/30/2020	No
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Yes	No
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Yes	No
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Yes	No
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; initial 15 minutes	No	N/A
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	No	N/A
97161	Physical therapy evaluation: low complexity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Yes	No
97162	Physical therapy evaluation: moderate complexity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Yes	No
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care	Yes	No
97164	Re-evaluation of physical therapy established plan of care. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Yes	No
97165	Occupational therapy evaluation, low complexity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Yes	No

97166	Occupational therapy evaluation, moderate complexity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Yes	No
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance	Yes	Yes
97168	Re-evaluation of occupational therapy established plan of care. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Yes	No
97530	Therapeutic activities	Yes - added 4/30/2020	No
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	No	N/A
97535	Self-care/home management training direct one-on-one contact, each 15 minutes	Yes	Yes
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	Yes	No
97755	Assistive technology assessment, direct one-on-one contact, with written report, each 15 minutes	Yes	No
97760	Orthotic(s) management and training, upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	Yes	No
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Yes	No

Appendix D – Service Codes Covered via Telehealth (Hospice, Private Duty Nursing, and State Plan Home Health)

Services Covered under 5160-12, 5160-56-05, 5160-56-06			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Service Type
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	No	State Plan Home Health
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	No	Hospice and State Plan Home Health
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	No	State Plan Home Health
T1001	Nursing assessment/evaluation	No	Private Duty Nursing
T1001 U9	RN Consultation	No	Private Duty Nursing
G0151	Physical Therapy	No	State Plan Home Health
G0152	Occupational Therapy	No	State Plan Home Health
G0153	Speech-language pathology	No	State Plan Home Health

Appendix E – Service Codes Covered via Telehealth (Dialysis Related Services)

Services Covered under 5160-4-12			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (Current as of 10/14/2020)
90951	Dialysis related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Yes	No
90952	Dialysis related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Yes	No
90953	Dialysis related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	Yes	No
90954	Dialysis related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Yes	No
90955	Dialysis related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Yes	No
90956	Dialysis related services monthly, for patients 2-11 years of age	Yes	No
90957	Dialysis related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face	Yes	No
90958	Dialysis related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Yes	No

90959	Dialysis related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	Yes	No
90960	Dialysis related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Yes	No
90961	Dialysis related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Yes	No
90962	Dialysis related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	Yes	No
90963	Dialysis related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Yes	No
90964	Dialysis related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Yes	No
90965	Dialysis related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Yes	No
90966	Dialysis related services for home dialysis per full month, for patients 20 years of age and older	Yes	No
90967	Dialysis related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	Yes	No
90968	Dialysis related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	Yes	No
90969	Dialysis related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	Yes	No
90970	Dialysis related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	Yes	No

Appendix F – Service Codes Covered via Telehealth (Outpatient Hospital)

Services Covered under 5160-2			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (Current as of 10/14/2020)
90785	PSYTX COMPLEX INTERACTIVE	Yes	Yes
90791	PSYCH DIAGNOSTIC EVALUATION	Yes	Yes
90792	PSYCH DIAG EVAL W/MED SRVCS	Yes	Yes
90832	PSYTX W PT 30 MINUTES	Yes	Yes
90833	PSYTX W PT W E/M 30 MIN	Yes	Yes
90834	PSYTX W PT 45 MINUTES	Yes	Yes
90837	PSYTX W PT 60 MINUTES	Yes	Yes
90846	FAMILY PSYTX W/O PT 50 MIN	Yes	Yes
90847	FAMILY PSYTX W/PT 50 MIN	Yes	Yes
90849	MULTIPLE FAMILY GROUP PSYTX	No	No
90853	GROUP PSYCHOTHERAPY	Yes	Yes
92507	SPEECH/HEARING THERAPY	Yes	Yes
92508	SPEECH/HEARING THERAPY	Yes	Yes
92521	EVALUATION OF SPEECH FLUENCY	Yes	Yes
92522	EVALUATE SPEECH PRODUCTION	Yes	Yes
92523	SPEECH SOUND LANG COMPREHEN	Yes	Yes
92524	BEHAVRAL QUALIT ANALYS VOICE	Yes	Yes
92526	ORAL FUNCTION THERAPY	No	N/A
92556	SPEECH AUDIOMETRY COMPLETE	No	N/A
92601	COCHLEAR IMPLT F/UP EXAM <7	Yes	Yes
92602	REPROGRAM COCHLEAR IMPLT <7	Yes	Yes
92603	COCHLEAR IMPLT F/UP EXAM 7/>	Yes	Yes
92604	REPROGRAM COCHLEAR IMPLT 7/>	Yes	Yes
92606	NON-SPEECH DEVICE SERVICE	No	N/A
92607	EX FOR SPEECH DEVICE RX 1HR	No	N/A
92608	EX FOR SPEECH DEVICE RX ADDL	No	N/A
92609	USE OF SPEECH DEVICE SERVICE	No	N/A
96110	DEVELOPMENTAL SCREEN W/SCORE	Yes	No
96112	DEVEL TST PHYS/QHP 1ST HR	Yes	No
96113	DEVEL TST PHYS/QHP EA ADDL	Yes	No
96116	NEUROBEHAVIORAL STATUS EXAM	Yes	Yes
96121	NUBHVL XM PHY/QHP EA ADDL HR	Yes	Yes
96130	PSYCL TST EVAL PHYS/QHP 1ST	Yes	Yes
96131	PSYCL TST EVAL PHYS/QHP EA	Yes	Yes

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96132	NRPSYC TST EVAL PHYS/QHP 1ST	Yes	Yes
96133	NRPSYC TST EVAL PHYS/QHP EA	Yes	Yes
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	Yes	Yes
96137	PSYCL/NRPSYC TST PHY/QHP EA	Yes	Yes
97110	THERAPEUTIC EXERCISES	Yes	No
97112	NEUROMUSCULAR REEDUCATION	Yes	No
97116	GAIT TRAINING THERAPY	Yes	No
97129	THER IVNTJ 1ST 15 MIN	No	N/A
97130	THER IVNTJ EA ADDL 15 MIN	No	N/A
97161	PT EVAL LOW COMPLEX 20 MIN	Yes	No
97162	PT EVAL MOD COMPLEX 30 MIN	Yes	No
97163	PT EVAL HIGH COMPLEX 45 MIN	Yes	No
97164	PT RE-EVAL EST PLAN CARE	Yes	No
97165	OT EVAL LOW COMPLEX 30 MIN	Yes	No
97166	OT EVAL MOD COMPLEX 45 MIN	Yes	No
97167	OT EVAL HIGH COMPLEX 60 MIN	Yes	Yes
97168	OT RE-EVAL EST PLAN CARE	Yes	No
97530	THERAPEUTIC ACTIVITIES	Yes	No
97533	SENSORY INTEGRATION	No	N/A
97535	SELF CARE MNGMENT TRAINING	Yes	Yes
97542	WHEELCHAIR MNGMENT TRAINING	Yes	No
97750	PHYSICAL PERFORMANCE TEST	Yes	No
97755	ASSISTIVE TECHNOLOGY ASSESS	Yes	No
97760	ORTHOTIC MGMT AND TRAINING	Yes	No
97761	PROSTHETIC TRAINING	Yes	No
97802	MEDICAL NUTRITION INDIV IN	Yes	Yes
97803	MED NUTRITION INDIV SUBSEQ	Yes	Yes
97804	MEDICAL NUTRITION GROUP	Yes	Yes
99406	BEHAV CHNG SMOKING 3-10 MIN	Yes	Yes
99407	BEHAV CHNG SMOKING > 10 MIN	Yes	Yes
99453	REM MNTR PHYSIOL PARAM SETUP	Yes	Yes
99454	REM MNTR PHYSIOL PARAM DEV	Yes	Yes
99457	REM PHYSIOL MNTR 1ST 20 MIN	Yes	No
99458	REM PHYSIOL MNTR EA ADDL 20	Yes	No

Appendix G – Service Codes Covered via Telehealth (Outpatient Hospital Behavioral Health (OPHBH) services)

Services Covered under 5160-2-76			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (Current as of 10/14/2020)
90785	Psychiatric Treatment Complex Interactive	Yes	Yes
90791	Psychiatric Diagnostic Evaluation	Yes	Yes
90792	Psychiatric Diagnostic Evaluation with Medical	Yes	Yes
90832	Individual Psychotherapy	Yes	Yes
90832 KX	Psychotherapy for crisis	No	N/A
90833	Individual Psychotherapy w/ E/M Service	Yes	Yes
90834	Individual Psychotherapy	Yes	Yes
90836	Individual Psychotherapy w/ E/M Service	Yes	Yes
90837	Individual Psychotherapy	Yes	Yes
90838	Psychotherapy w/ E/M Service	Yes	Yes
90839	Psychotherapy for Crisis	Yes	Yes
90840	Psychotherapy for crisis add-on	Yes	Yes
90846	Family Psychotherapy w/o patient	Yes	Yes
90847	Family psychotherapy (conjoint, w/ patient present)	Yes	Yes
90849	Multiple-family group psychotherapy	No	N/A
90853	Group Psychotherapy	Yes	Yes

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96112	Developmental Test Administration	Yes - added 4/30/2020	No
96113	Developmental Test Administration add-on	Yes	No
96116	Neurobehavioral Status Exam	Yes	Yes
96121	Neurobehavioral Status Exam	Yes - added 4/30/2020	Yes
96130	Psychological Testing Evaluation	Yes	Yes
96131	Psychological Testing Evaluation add-on	Yes	Yes
96132	Neuropsychological Testing Evaluation	Yes	Yes
96133	Neuropsychological Testing Evaluation add-on	Yes	Yes
96136	Neuropsychological Testing Administration	Yes	Yes
96137	Neuropsychological Testing Administration add-on	Yes	Yes
99202	E/M New Patient	Yes	No
99203	E/M New Patient	Yes	No
99204	E/M New Patient	Yes	No
99205	E/M New Patient	Yes	No
99211	E/M Established Patient	Yes	No
99212	E/M Established Patient	Yes	No
99213	E/M Established Patient	Yes	No
99214	E/M Established Patient	Yes	No
99215	E/M Established Patient	Yes	No
99354	Prolonged Visit	Yes	Yes

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99355	Prolonged Visit – Each Additional 30 Minutes	Yes	Yes
99406	Smoking and Tobacco Use Cessation intermediate	Yes	Yes
99407	Smoking and Tobacco Use Cessation intensive	Yes	Yes
G0396	Screening, brief intervention, referral to treatment	Yes	Yes
G0397	Screening, brief intervention, referral to treatment	Yes	Yes
G2212	Prolonged visit – each 15 minutes; *only with 99205 and 99215	Yes	Yes
H0001	SUD Assessment	No	N/A
H0004	BH Counseling and therapy	No	N/A
H0004 KX	SUD Crisis by unlicensed practitioner	No	N/A
H0005	SUD Group Counseling	No	N/A
H0006	SUD Case Management	No	N/A
H0012	Withdrawal Management Per Diem WM	No	N/A
H0014	Withdrawal Management Hourly WM	No	N/A
H0015	Intensive Outpatient Program, Partial Hospitalization	No	N/A
H0036	CPST	No	N/A
H2000	Initial Comprehensive Assessment - Per Encounter	No	No
H2012	TBS Group Service, hourly	No	N/A
H2017	Psychosocial Rehabilitation	No	N/A
H2017 KX	MH Crisis	No	N/A
H2019	TBS	No	N/A

H2019 KX	MH Crisis	No	N/A
H2020	TBS Group Service, per diem	No	N/A
H2034	SUD Residential	No	N/A
H2036	SUD Residential	No	N/A
S9482	Mobile Response and Stabilization (MRSS) – Stabilization	No	No
S9484	Mobile Response and Stabilization (MRSS) – Crisis Mobile Response Follow-up	No	No
S9485	Mobile Response and Stabilization (MRSS) – Initial Response	No	No
T1002	SUD RN Nursing	No	N/A
T1002 KX	SUD RN Nursing	No	N/A
T1003	SUD LPN Nursing	No	N/A

Outpatient Hospital Behavioral Health (OPHBH) Services:

Hospitals are eligible to provide OPHBH services via telehealth to the extent they appear on the OPHBH fee schedule on the ODM website: <https://www.medicaid.ohio.gov/provider/feescheduleandrates> and are included on the list of allowable telehealth billing codes for community behavioral health providers posted at <https://bh.medicaid.ohio.gov/>

- A mental health/substance use disorder (SUD) diagnosis code is required to receive OPHBH reimbursement.

Appendix H – Service Codes Covered via Telehealth (MHAS-Certified Behavioral Health Provider Types 84 and 95)

Services covered under 5160-27				
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (Current as of 06/16/2022)	Services added for state of emergency
G0396	Screening, brief intervention, referral to treatment	Yes	Yes	Yes
G0397	Screening, brief intervention, referral to treatment	Yes	Yes	Yes
H0001	SUD Assessment	No	N/A	
H0004	SUD Individual Counseling	No	N/A	
H0005	SUD Group Counseling	No	N/A	
H0006	SUD Case Management	No	N/A	
H0010	Clinically Managed Withdrawal Management ASAM 3.2 WM	No	N/A	Yes
H0011	Medically Monitored Inpatient Withdrawal Management ASAM 3.7 WM	No	N/A	Yes
H0012	Withdrawal Management Per Diem ASAM 2 WM	No	N/A	Yes
H0014	Withdrawal Management Hourly ASAM 2 WM	No	N/A	Yes
H0015	Intensive Outpatient Program, Partial Hospitalization	No	N/A	Yes
H0036	CPST	No	N/A	
H0038	SUD Peer Recovery Support	No	N/A	Yes
H0040	Assertive Community Treatment	No	N/A	Yes
H2000	Comprehensive Assessment	No	N/A	No
H2012	TBS Group Service, hourly	No	N/A	Yes
H2017	MH LPN Nursing	No	N/A	Yes
H2017	Psychosocial Rehabilitation	No	N/A	Yes
H2019	MH RN Nursing	No	N/A	Yes
H2019	Individual Therapeutic Behavioral Services	No	N/A	Yes
H2020	TBS Group Service, per diem	No	N/A	Yes
H2023	Specialized Recovery Services	No	N/A	Yes
H2025	Specialized Recovery Services	No	N/A	Yes
H2034	SUD Residential	No	N/A	Yes
H2036	SUD Residential	No	N/A	Yes
T1002	SUD RN Nursing	No	N/A	Yes
T1003	SUD LPN Nursing	No	N/A	Yes
T1016	Specialized Recovery Services	No	N/A	Yes

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90785	Interactive complexity (added 11/15/2020)	Yes	Yes	Yes
90791	Psychiatric Diagnostic Evaluation	Yes	Yes	
90792	Psychiatric Diagnostic Evaluation with Medical	Yes	Yes	
90832	Individual Psychotherapy	Yes	Yes	
90832 KX	Psychotherapy for crisis	No	N/A	Yes
90833	Individual Psychotherapy w/ E/M Service	Yes	Yes	
90834	Individual Psychotherapy	Yes	Yes	
90836	Individual Psychotherapy w/ E/M Service	Yes	Yes	
90837	Individual Psychotherapy	Yes	Yes	
90838	Individual Psychotherapy w/ E/M Service	Yes	Yes	
90839	Psychotherapy for crisis	Yes	Yes	Yes
90840	Psychotherapy for crisis	Yes	Yes	Yes
90846	Family Psychotherapy w/o patient	Yes	Yes	
90847	Family psychotherapy (conjoint, w/ patient present)	Yes	Yes	
90849	Multiple-family group psychotherapy	No	N/A	
90853	Group Psychotherapy	Yes	Yes	
96112	Developmental Testing	Yes - added 4/30/2020	No	
96113	Developmental Testing	Yes - added 4/30/2020	No	
96116	Neurobehavioral Status Exam	Yes	Yes	
96121	Neurobehavioral Status Exam	Yes - added 4/30/2020	Yes	
96130	Psychological Testing Evaluation	Yes – available through 12/31/23	Yes	
96131	Psychological Testing Evaluation	Yes – available through 12/31/23	Yes	
96132	Neuropsychological Testing Evaluation	Yes – available through 12/31/23	Yes	
96133	Neuropsychological Testing Evaluation	Yes – available through 12/31/23	Yes	
96136	Neuropsychological Testing Administration	Yes – available through 12/31/23	Yes	

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96137	Neuropsychological Testing Administration	Yes – available through 12/31/23	Yes	
99202	E/M New Patient	Yes	No	
99203	E/M New Patient	Yes	No	
99204	E/M New Patient	Yes	No	
99205	E/M New Patient	Yes	No	
99211	E/M Established Patient	Yes	No	
99212	E/M Established Patient	Yes	No	
99213	E/M Established Patient	Yes	No	
99214	E/M Established Patient	Yes	No	
99215	E/M Established Patient	Yes	No	
99354	Prolonged Visit	Yes	Yes	
99355	Prolonged Visit – Each Additional 30 Minutes	Yes	Yes	
99406	Smoking and Tobacco Use Cessation	Yes	Yes	
99407	Smoking and Tobacco Use Cessation	Yes	Yes	
S9482	Mobile Response and Stabilization (MRSS) – Stabilization	No	N/A	No
S9484	Mobile Response and Stabilization (MRSS) – Crisis Mobile Response Follow-up	No	N/A	No
S9485	Mobile Response and Stabilization (MRSS) – Initial Response	No	N/A	No

Appendix I – Service Codes Covered via Telehealth (Specialized Recovery Services (SRS) Program)

Services Covered under 5160-43	
Procedure Code	Code Description
H2023	Specialized Recovery Services (SRS) program – supported employment
H2025	Specialized Recovery Services (SRS) program – ongoing support to maintain employment
T1016	Specialized Recovery Services (SRS) program – case management
H0038	Specialized Recovery Services (SRS) program – peer recovery support services

Appendix J – Service Codes Covered via Telehealth (Pharmacy, Pharmacist)

Services Covered under 5160-8-52	
Procedure Code	Code Description
99202	Office or other outpatient visit for the E&M of a new patient, typically 20 minutes
99203	Office or other outpatient visit for the E&M of a new patient, typically 30 minutes
99211	Office or other outpatient visit for the E&M of an established patient, typically 5 minutes
99212	Office or other outpatient visit for the E&M of an established patient, typically 10 minutes
99213	Office or other outpatient visit for the E&M of an established patient, typically 15 minutes
99441	Telephone or internet E&M provided by consultative physician with verbal and written report 5-10 minutes of medical consultative discussion and review
99442	Telephone or internet E&M provided by consultative physician with verbal and written report 11-20 minutes of medical consultative discussion and review
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report E&M services provided to an established patient

Appendix K – Service Codes Covered via Telehealth (OhioRISE only services)

Services Covered under 5160-59-60	
Procedure Code	Code Description
T2023	Intensive Care Coordination (ICC) - Monthly
T2022	Moderate Care Coordination (MCC) – Monthly
H2000	Comprehensive Assessment
H2015	Intensive Home-Based Treatment
H2015 TF	Functional Family Therapy (FFT)
H2033	Multisystemic Therapy (MST)

*See the CME Billing Guidelines for the care coordination activities where the GT modifier will be recorded: [OhioRISE CME Manual](#)

Appendix L

Service Codes Covered via Telehealth (During a Public Health Emergency (PHE))

During a public health emergency, ODM may take measures to reduce barriers to care and reduce administrative burden on hospitals and providers. ODM will work with all MCEs during these times of emergency to implement any needed requirements as identified when applicable.

Services Covered under 5160-12, 5160-56-05, 5160-56-06			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Service Type
T2042	Hospice routine home care; per diem	No	Hospice
T2043	Hospice continuous home care; per hour	No	Hospice
T2046	Hospice long-term care, room and board only; per diem	No	Hospice
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	No	Hospice
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	No	Hospice

Hospice

- Hospice services can be provided using telehealth when clinically appropriate.
- In order to track the services that are provided through telehealth, ODM requires providers to bill using the appropriate procedure codes included in this Appendix, in addition to using the modifier GT on any claims that include at least one telehealth component for that date of service.
- **Service Intensity Add-On (SIA) Codes:** This is payment for routine home care provided by an RN or licensed social worker within the last 7 days of life, when discharge from hospice is due to death (and when a T2042 claim has already been billed and paid):
 - o Use code G0299 for direct care by in-person visit from an RN
 - o Use code G0155 for direct care by in-person visit from a social worker

