

Telehealth Services: Guidelines for Managed Care Organizations

Applies to dates of service on or after March 9, 2020

Telehealth Services: Guidelines for Managed Care Organizations (version 1.0)

THE OHIO DEPARTMENT OF MEDICAID

Medicaid Managed Care Plans (MCPs) and MyCare Ohio Plans (MCOPs) 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 Appendix S of the MCP and MCOP provider agreements, plans shall cover telehealth services as specified in this document. This document has been developed specifically for MCPs and MCOPs, 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).

ODM will notify the MCPs and MCOPs 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 MCP and MCOP 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 and supervised trainees as defined in rule 5160-8-05 of the Administrative Code.
- Audiologist, speech-language pathologist, speech-language pathology aides, and audiology aides 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 registered nurse or licensed practical nurse in a home health or hospice setting.
- 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.

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 Images transmitted through fax
 - o Electronic mail

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
- 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

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](#).

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

- 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 Administrative Code.
- Any practitioner listed as a rendering above, **except for the following** dependent practitioners:
 - o Supervised practitioners and supervised trainees as defined in rule 5160-8-05 of the Administrative Code;
 - o Occupational therapist assistant as defined in section 4755.04 of the Revised Code;
 - o Physical therapist assistant as defined in section 4755.40 of the Revised Code;
 - o Speech-language pathology aides and audiology aides as defined in section 4753.072 of the Revised Code; and
 - o An individual holding a conditional license as defined in section 4753.071 of the Revised Code.

If the practitioner site does not bill the MCP or MCOP 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.

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 procedures 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 not 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, the following documents are available on the ODM website:

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

- Telehealth Billing Guidelines During COVID-19 State of Emergency
- COVID-19 Telehealth Billing Desk Guide
- Emergency Telehealth Claims Guidance for Medicare and TPL Coverage
- ODM-OMAS Emergency Telehealth BH Provider Presentation Deck

Eligible Rendering Provider Types (MITS Provider Type)

Provider Type Description	MITS Provider Type	Appendix
Physician and Psychiatrist	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 and supervised trainees defined in 5160-8-05	Multiple, *	A, B, H
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
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	H, I

* For practitioners who cannot 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)
Outpatient Hospitals	01	F, G
Psychiatric Hospitals providing Outpatient Hospital Behavioral Health (OPHBH) services	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

Managed Care Plans 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.

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Appendix A – Telehealth Specific Services Codes

Services Covered under 5160-1-18 (Original Telehealth Rule), 5160-1-21 (Emergency rule)			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
99201	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 10 minutes.	Yes	No
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

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
99255	Inpatient consultation for a new or established patient; medical decision making of high complexity. Typically, 110 minutes.	No	No

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
99421	Online digital eval and mngmt service, established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Yes	No
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	No
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	No
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	Yes
99442	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; 11-20 minutes of medical discussion	Yes - added 4/30/2020	Yes
99443	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; 21-30 minutes of medical discussion	Yes - added 4/30/2020	Yes

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time	yes	
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, emerg department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	yes	Yes
G0426	Telehealth consult, emerg 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	No
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	No
Q3014	Telehealth originating site fee	no	N/A

Originating Site Fee (Q3014)

- The originating site fee may be paid to a practitioner site who either:
 - o Provided no other service to the presenting patient; or
 - o Provided a separately identifiable evaluation and management service.
- Examples:
 - o The patient presents to an office location and staff initiate the telehealth visit with a practitioner who is offsite.
 - o The patient does not present to an office location, but office staff provided technical assistance or troubleshooting to set up or join the telehealth visit with the practitioner who is either onsite or offsite.
- The originating site fee is not to be used as an automatic add-on when technology is used.

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

Services Covered under OAC 5160-1-60			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
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
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 member(s) or caregiver(s), when performed; first hour	Yes	Yes

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
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, [eg, 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
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, 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; each additional hour	Yes - added 4/30/2020	Yes

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
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	No
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
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	No
97802	Medical nutrition therapy; initial assessment and intervention, each 15 minutes	Yes	Yes

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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	Yes
97803 TH	Lactation counseling by dietitian ; re-assessment and intervention, each 15 minutes	Yes	Yes
97804 TH	Lactation counseling; group with 2 or more individuals), each 30 minutes.	Yes	Yes
90846	Family psychotherapy without patient present	Yes	Yes
90847	Family psychotherapy with patient present	Yes	Yes
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

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
D0140	Limited oral evaluation – problem focused	No	No
D9995	<i>Teledentistry - synchronous; real-time encounter; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</i>		

- Dentists may provide a limited problem-focused oral exam (CDT D0140) through telehealth during this state of emergency. When billing for the procedure on a **professional claim**, providers should use the GT modifier and include procedure code **D9995** to indicate the service was provided through telehealth. When billing for the procedure on a **dental claim**, providers should use the POS code 02 to indicate telehealth.
- 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 4/30/2020)
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
92555	Speech audiometry threshold;	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

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
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
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
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
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

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
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
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
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
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
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Yes	No

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
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
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
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

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

Appendix E – Service Codes Covered via Telehealth (End State Renal Disease (ESRD) Related Services)

Services Covered under 5160-4-12			
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
90951	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
90957	End-stage renal disease (ESRD) 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 visits by a physician or other qualified health care professional per month	Yes	No
90958	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) 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

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)
90965	End-stage renal disease (ESRD) 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	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	Yes	No
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	Yes	No
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	Yes	No
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	Yes	No
90970	End-stage renal disease (ESRD) 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)**

Services Covered under 5160-2-75 (Added as part of the state of emergency)				
Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	No	N/A	Yes
99241	Office consult for a new or established patient. Usually, the presenting problem(s) are self-limited or minor. 15 min.	No	N/A	Yes
99242	Office consultation for a new or established patient; Straightforward medical decision making; Typically, 30 minutes.	No	N/A	Yes
99243	Office consultation for a new or established patient; Medical decision making of low complexity. Typically, 40 minutes.	No	N/A	Yes
99244	Office consultation for a new or established patient; Medical decision making of moderate complexity. Typically, 60 minutes.	No	N/A	Yes
99245	Office consultation for a new or established patient; Medical decision making of high complexity. 80 min.	No	N/A	Yes
99251	Inpatient consult for a new or est patient; straightforward medical decision making. Typically, 20 minutes.	No	N/A	Yes
99252	Inpatient consult for a new or est patient; Straightforward medical decision making. Typically, 40 minutes.	No	N/A	Yes
99253	Inpatient consult for a new or est patient; medical decision making of low complexity. 55 min.	No	N/A	Yes
99254	Inpatient consult for a new or established patient; medical decision making of moderate complexity. 80 min.	No	N/A	Yes
99255	Inpatient consult for a new or established patient; medical decision making of high complexity. Typically, 110 minutes.	No	N/A	Yes

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
99421	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min	Yes	No	Yes
99422	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Yes	No	Yes
99423	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Yes	No	Yes
99441	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 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	Yes	Yes
99442	Telephone E/M service by a physician or other qualified health care professional who may report evaluation and management services provided to an est patient, parent, or guardian; 11-20 minutes of medical discussion	Yes - added 4/30/2020	Yes	Yes
99443	Telephone E/M service by a physician or other qualified health care professional who may report evaluation and management services provided to an est patient, parent, or guardian; 21-30 minutes of medical discussion	Yes - added 4/30/2020	Yes	Yes
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month; first 20 minutes	Yes	No	Yes

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time each additional 20 minutes	Yes	No	Yes
G0406	Follow-up inpatient consultation, limited, physicians 15 min via telehealth	Yes	Yes	Yes
G0407	Follow-up inpatient consultation, intermediate, physicians 25 minutes via telehealth	Yes	Yes	Yes
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	Yes	Yes	Yes
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	Yes	Yes	Yes
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	Yes	Yes	Yes
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	Yes	Yes	Yes
G2010	Remote evaluation of recorded video and/or images submitted by an established patient	Yes	No	Yes
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional appointment; 5-10 minutes of medical discussion	Yes	No	Yes
Q3014	Telehealth originating site fee	No	N/A	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	

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
90834	PSYTX W PT 45 MINUTES	Yes	Yes	
90836	PSYTX W PT W E/M 45 MIN	Yes	Yes	
90837	PSYTX W PT 60 MINUTES	Yes	Yes	
90838	PSYTX W PT W E/M 60 MIN	Yes	Yes	
90846	FAMILY PSYTX W/O PT 50 MIN	Yes	Yes	
90847	FAMILY PSYTX W/PT 50 MIN	Yes	Yes	
90951	ESRD SERV 4 VISITS P MO <2YR	Yes	No	
90952	ESRD SERV 2-3 VSTS P MO <2YR	Yes	No	
90953	ESRD SERV 1 VISIT P MO <2YRS	Yes	No	
90954	ESRD SERV 4 VSTS P MO 2-11	Yes	No	
90955	ESRD SRV 2-3 VSTS P MO 2-11	Yes	No	
90957	ESRD SRV 4 VSTS P MO 12-19	Yes	No	
90958	ESRD SRV 2-3 VSTS P MO 12-19	Yes	No	
90959	ESRD SERV 1 VST P MO 12-19	Yes	No	
90960	ESRD SRV 4 VISITS P MO 20+	Yes	No	
90961	ESRD SRV 2-3 VSTS P MO 20+	Yes	No	
90962	ESRD SERV 1 VISIT P MO 20+	Yes	No	
90967	ESRD HOME PT SERV P DAY <2	Yes	No	
90968	ESRD HOME PT SRV P DAY 2-11	Yes	No	
90969	ESRD HOME PT SRV P DAY 12-19	Yes	No	
90970	ESRD HOME PT SERV P DAY 20+	Yes	No	
92507	SPEECH/HEARING THERAPY	Yes	No	
92508	SPEECH/HEARING THERAPY	Yes	No	
92521	EVALUATION OF SPEECH FLUENCY	Yes	No	
92522	EVALUATE SPEECH PRODUCTION	Yes	No	
92523	SPEECH SOUND LANG COMPREHEN	Yes	No	
92524	BEHAVRAL QUALIT ANALYS VOICE	Yes	No	
92526	ORAL FUNCTION THERAPY	No	No	
92556	SPEECH AUDIOMETRY COMPLETE	No	No	
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	No	
92607	EX FOR SPEECH DEVICE RX 1HR	No	No	
92608	EX FOR SPEECH DEVICE RX ADDL	No	No	
92609	USE OF SPEECH DEVICE SERVICE	No	No	
96110	DEVELOPMENTAL SCREEN W/SCORE	Yes	No	

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
96112	DEVEL TST PHYS/QHP 1ST HR	Yes	No	
96113	DEVEL TST PHYS/QHP EA ADDL	Yes	No	
96116	NEUROBEHAVIORAL STATUS EXAM	Yes	No	
96121	NUBHVL XM PHY/QHP EA ADDL HR	Yes	No	
96130	PSYCL TST EVAL PHYS/QHP 1ST	Yes	No	
96131	PSYCL TST EVAL PHYS/QHP EA	Yes	No	
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	No	
97130	THER IVNTJ EA ADDL 15 MIN	No	No	
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	No	
97168	OT RE-EVAL EST PLAN CARE	Yes	No	
97530	THERAPEUTIC ACTIVITIES	Yes	No	
97533	SENSORY INTEGRATION	No	No	
97535	SELF CARE MNGMENT TRAINING	No	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	
99201	OFFICE/OUTPATIENT VISIT NEW	Yes	No	
99202	OFFICE/OUTPATIENT VISIT NEW	Yes	No	
99203	OFFICE/OUTPATIENT VISIT NEW	Yes	No	
99204	OFFICE/OUTPATIENT VISIT NEW	Yes	No	
99211	OFFICE/OUTPATIENT VISIT EST	Yes	No	

Procedure Code	Code Description	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
99213	OFFICE/OUTPATIENT VISIT EST	Yes	No	
99214	OFFICE/OUTPATIENT VISIT EST	Yes	No	
99241	OFFICE CONSULTATION	No	No	
99242	OFFICE CONSULTATION	No	No	
99243	OFFICE CONSULTATION	No	No	
99244	OFFICE CONSULTATION	No	No	
99245	OFFICE CONSULTATION	No	No	
99251	INPATIENT CONSULTATION	No	No	
99252	INPATIENT CONSULTATION	No	No	
99253	INPATIENT CONSULTATION	No	No	
99254	INPATIENT CONSULTATION	No	No	
99255	INPATIENT CONSULTATION	No	No	
99281	EMERGENCY DEPT VISIT	Yes	No	
99282	EMERGENCY DEPT VISIT	Yes	No	
99283	EMERGENCY DEPT VISIT	Yes	No	
99284	EMERGENCY DEPT VISIT	Yes	No	
99285	EMERGENCY DEPT VISIT	Yes	No	
99406	BEHAV CHNG SMOKING 3-10 MIN	Yes	Yes	
99407	BEHAV CHNG SMOKING > 10 MIN	Yes	Yes	
99453	REM MNTR PHYSIOL PARAM SETUP	Yes	No	
99454	REM MNTR PHYSIOL PARAM DEV	Yes	No	
99457	REM PHYSIOL MNTR 1ST 20 MIN	Yes	No	
D0140	LIMIT ORAL EVALUATION PROBLEM FOCUS	No	No	

Outpatient Hospital Billing:

Hospital providers are eligible to bill for telehealth services identified in the above appendix, to the extent they appear on the Enhanced Ambulatory Patient Grouping (EAPG) covered code list, located on the ODM website: <https://www.medicaid.ohio.gov/provider/feescheduleandrates>.

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

Services Covered under 5160-2					
Procedure Code	Code Description	On the BH fee schedule?	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
90791	Psychiatric Diagnostic Evaluation	Yes	Yes	Yes	
90792	Psychiatric Diagnostic Evaluation with Medical	Yes	Yes	Yes	
90832	Individual Psychotherapy	Yes	Yes	Yes	
90833	Individual Psychotherapy w/ E/M Service	Yes	Yes	Yes	
90834	Individual Psychotherapy	Yes	Yes	Yes	
90836	Individual Psychotherapy w/ E/M Service	Yes	Yes	Yes	
90837	Individual Psychotherapy	Yes	Yes	Yes	
90839	Psychotherapy for crisis	Yes	Yes	Yes	Yes
90839	Individual Psychotherapy w/ E/M Service	Yes	Yes	Yes	
90840	Psychotherapy for crisis	Yes	Yes	Yes	Yes
90846	Family Psychotherapy w/o patient	Yes	Yes	Yes	
90847	Family psychotherapy (conjoint, w/ patient present)	Yes	Yes	Yes	
90849	Multiple-family group psychotherapy	Yes	No	N/A	
90853	Group Psychotherapy	Yes	Yes	Yes	
96112	Developmental Testing	Yes	Yes - added 4/30/2020	No	

Procedure Code	Code Description	On the BH fee schedule?	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
96116	Neurobehavioral Status Exam	Yes	Yes	Yes	
96121	Neurobehavioral Status Exam	Yes	Yes - added 4/30/2020	Yes	
96130	Psychological Testing Evaluation	Yes	Yes	Yes	
96131	Psychological Testing Evaluation	Yes	Yes	Yes	
96132	Neuropsychological Testing Evaluation	Yes	Yes	Yes	
96133	Neuropsychological Testing Evaluation	Yes	Yes	Yes	
96136	Neuropsychological Testing Administration	Yes	Yes	Yes	
96137	Neuropsychological Testing Administration	Yes	Yes	Yes	
99201	E/M New Patient	Yes	Yes	No	
99202	E/M New Patient	Yes	Yes	No	
99203	E/M New Patient	Yes	Yes	No	
99204	E/M New Patient	Yes	Yes	No	
99205	E/M New Patient	Yes	Yes	No	
99211	E/M Established Patient	Yes	Yes	No	
99212	E/M Established Patient	Yes	Yes	No	
99213	E/M Established Patient	Yes	Yes	No	
99214	E/M Established Patient	Yes	Yes	No	
99215	E/M Established Patient	Yes	Yes	No	

Procedure Code	Code Description	On the BH fee schedule?	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
99354	Prolonged Visit	Yes	Yes	Yes	
99355	Prolonged Visit – Each Additional 30 Minutes	Yes	Yes	Yes	
99406	Smoking and Tobacco Use Cessation	Yes	Yes	Yes	
99407	Smoking and Tobacco Use Cessation	Yes	Yes	Yes	
90832 KX	Psychotherapy for crisis	No	No	N/A	Yes
G0396	Screening, brief intervention, referral to treatment	Yes	Yes	Yes	Yes
G0397	Screening, brief intervention, referral to treatment	Yes	Yes	Yes	Yes
H0001	SUD Assessment	Yes	No	N/A	
H0004	SUD Individual Counseling	Yes	No	N/A	
H0005	SUD Group Counseling	Yes	No	N/A	
H0006	SUD Case Management	Yes	No	N/A	
H0012	Withdrawal Management Per Diem ASAM 2 WM	Yes	No	N/A	Yes
H0014	Withdrawal Management Hourly ASAM 2 WM	Yes	No	N/A	Yes
H0015	Intensive Outpatient Program, Partial Hospitalization	Yes	No	N/A	Yes
H0036	CPST	Yes	No	N/A	
H0038	SUD Peer Recovery Support	Yes	No	N/A	Yes
H2012	TBS Group Service, hourly	Yes	No	N/A	Yes

Procedure Code	Code Description	On the BH fee schedule?	Medicare Telehealth Coverage?	Audio-only interaction allowed by Medicare? (current as of 4/30/2020)	Services added for state of emergency
H2017	MH LPN Nursing	Yes	No	N/A	Yes
H2017	Psychosocial Rehabilitation	Yes	No	N/A	Yes
H2019	MH RN Nursing	Yes	No	N/A	Yes
H2019	Individual Therapeutic Behavioral Services	Yes	No	N/A	Yes
H2020	TBS Group Service, per diem	Yes	No	N/A	Yes
H2023	Specialized Recovery Services	Yes	No	N/A	Yes
H2025	Specialized Recovery Services	Yes	No	N/A	Yes
H2034	SUD Residential	Yes	No	N/A	Yes
H2036	SUD Residential	Yes	No	N/A	Yes
T1002	SUD RN Nursing	Yes	No	N/A	Yes
T1003	SUD LPN Nursing	Yes	No	N/A	Yes
T1016	Specialized Recovery Services	Yes	No	N/A	Yes

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 4/30/2020)	Services added for state of emergency
90832 KX	Psychotherapy for crisis	No	N/A	Yes
90839	Psychotherapy for crisis	Yes	Yes	Yes
90840	Psychotherapy for crisis	Yes	Yes	Yes
G0396	Screening, brief intervention, referral to treatment	Yes	Yes	Yes
G0397	Screening, brief intervention, referral to treatment	Yes	Yes	Yes
H0038	SUD Peer Recovery Support	No	N/A	Yes
H0040	Assertive Community Treatment	No	N/A	Yes
H2012	TBS Group Service, hourly	No	N/A	Yes
H2015	Intensive Home-Based Treatment	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
T1002	SUD RN Nursing	No	N/A	Yes
T1003	SUD LPN Nursing	No	N/A	Yes
T1016	Specialized Recovery Services	No	N/A	Yes
H0015	Intensive Outpatient Program, Partial Hospitalization	No	N/A	Yes
H2034	SUD Residential	No	N/A	Yes
H2036	SUD Residential	No	N/A	Yes
90791	Psychiatric Diagnostic Evaluation	Yes	Yes	
90792	Psychiatric Diagnostic Evaluation with Medical	Yes	Yes	
90832	Individual Psychotherapy	Yes	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	
90839	Individual Psychotherapy w/ E/M Service	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	Yes	
96131	Psychological Testing Evaluation	Yes	Yes	
96132	Neuropsychological Testing Evaluation	Yes	Yes	
96133	Neuropsychological Testing Evaluation	Yes	Yes	
96136	Neuropsychological Testing Administration	Yes	Yes	
96137	Neuropsychological Testing Administration	Yes	Yes	
99201	E/M New Patient	Yes	No	
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	
H0001	SUD Assessment	No	N/A	
H0004	SUD Individual Counseling	No	N/A	
H0036	CPST	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

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