

July 17, 2020

Behavioral Health Telehealth Services

In accordance with Governor DeWine's [Executive Order 2020-29D](#), the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are implementing emergency changes to Ohio Administrative Code (OAC) related to telehealth services. While the goal is to continue to maintain service access and capacity, providers should review the rules described below to assure that services provided continue to be consistent with telehealth policies and requirements.

Medicaid Telehealth Rule, OAC 5160-1-18

New [OAC rule 5160-1-18](#), *Telehealth*, updates policy and clarifies application of policy related to telehealth services. Pertaining to behavioral health services and providers, previously, entities who provide services certified by OhioMHAS were not subject to OAC rule 5160-1-18. The new version of 5160-1-18 incorporates services provided by entities certified by OhioMHAS. The following rule provisions were added to accommodate this change, which is intended to clarify and align policies:

- Behavioral health practitioners were added to the list of practitioners eligible to provide telehealth services.
- Behavioral health providers were added to the list as provider types eligible to bill for services provided by telehealth.
- Behavioral health services were added to the list of covered telehealth services and included in the appendix to the rule.
- The following behavioral health telehealth service provisions were added to clarify coverage requirements:
 - Face-to-face requirements are not applicable to telehealth services.
 - Minimum fidelity rating scores are not required for providers of Assertive Community Treatment (ACT) or Intensive Home Based Treatment (IHBT).
 - OhioMHAS certified community behavioral health centers that have rendered Medicaid peer recovery support services previously may use telehealth to deliver peer recovery support services.
- Payment provisions were added to clarify that for services billed by behavioral health providers, payment is made in accordance with OAC Chapter 5160-27.

The new rule maintains current Medicaid telehealth policy for behavioral health services including:

- Coverage of synchronous and asynchronous telehealth modalities.
- Medicaid payment rates for services provided by telehealth remain unchanged.
- Providers should continue submitting the GT modifier on telehealth services.
- Face-to-face requirements are not required to initiate telehealth service delivery.
- HIPAA confidentiality requirements remain in effect according to federal guidance.
- 42 C.F.R. Part 2 confidentiality requirements remain in effect according to federal guidance.
- Providers continue to be responsible for maintaining service delivery documentation and for adherence to federal Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) guidance for practitioner and patient site locations.

Ohio Mental Health and Addiction Services Telehealth Rule, OAC 5122-29-31

Amended [OAC rule 5122-29-31](#), now entitled “Telehealth”, updates and clarifies policies related to the provision of telehealth services. The following amendments to the rule were made to clarify and align policies:

- The term “interactive videoconferencing” has been replaced with the term “telehealth” throughout the rule in order to be consistent with other agencies and entities referencing this type of service delivery.
- The meaning of telehealth has been more clearly defined, but still maintains that asynchronous modalities that do not have both audio and video elements are considered telehealth. The rule still allows for telehealth delivered using audio methods only.
- The definitions of the sites used in the rule have been updated. The rule now uses “originating” and “distant” site in a consistent manner. The terms “client site” and “originating site” have been replaced with the terms “originating site” and “distant site”, respectively, in order to be consistent with how the terms are used by other entities.
- The requirement that clients must have a person available who is familiar with the equipment being used for videoconferencing has been eliminated.

The rule maintains current telehealth policy for behavioral health services including:

- Use of synchronous and asynchronous modalities for service delivery.
- Initial in-person visit requirements are eliminated as a prerequisite for telehealth service delivery.
- HIPAA confidentiality requirements remain in effect according to federal guidance.
- 42 C.F.R. Part 2 confidentiality requirements remain in effect according to federal guidance.
- New and established patients may be provided services through telehealth.
- Providers must document that clients receiving telehealth services were provided with information regarding the potential risks of receiving services via telehealth and agreed to assume those risks.
- Providers are not required to provide information in written format describing how to access assistance in a crisis.

Expanded Application of HCPCS Code H0048

ODM is expanding the use of HCPCS code H0048 during the emergency to include drug screens conducted through cheek swabs/saliva collection effective for dates of service on or after April 10, 2020.

For more information on Behavioral Health Medicaid Redesign, visit <http://bh.medicaid.ohio.gov>.

We value your feedback and questions. Submit inquiries [HERE](#).

