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State/Territory Name: OH

State Plan Amendment (SPA) #: 14-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

June 11, 2014

John B. McCarthy, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: TN 14-022

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA):

Transmittal #14-022 - Payment for services delivered through telemedicine
 - Effective Date: January 1, 2015

If you have any questions, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/ Alan Freund, acting

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations


Enclosure

cc: Carolyn Brewer, ODM
Sarah Curtin, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-022 Revised	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A)(ii) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 3,442 thousands b. FFY 2016 \$ 4,590 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, item 26, page 1 Attachment 4.19-B, Item 26, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New New	
10. SUBJECT OF AMENDMENT: Payment for services delivered through the use of telemedicine and telemedicine-related services			

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
The State Medicaid Director is the Governor's designee
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: JOHN B. MCCARTHY	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: 12/29/2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/29/2014	18. DATE APPROVED: 6/11/2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2015	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	

Instructions on Back

26. Telemedicine

Key Definitions:

For purposes of Medicaid coverage, "Telemedicine" is the direct delivery of services to a patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements. The following activities are not telemedicine:

- (a) The delivery of service by electronic mail, telephone, or facsimile transmission;
- (b) Conversations between practitioners regarding the patient without the patient present either physically or via synchronous, interactive, real-time electronic communication; and
- (c) Audio-video communication related to the delivery of service in an intensive care unit.

For purposes of Medicaid coverage, "Distant site" is the physical location of the treating practitioner at the time a health care service is provided through the use of telemedicine.

For purposes of Medicaid coverage, "Originating site" is the physical location of the patient at the time a health care service is provided through the use of telemedicine. The originating site may be one of five places:

- (a) The office of a medical doctor, doctor of osteopathic medicine, optometrist, or podiatrist;
- (b) A federally qualified health center, rural health center, or primary care clinic;
- (c) An outpatient hospital;
- (d) An inpatient hospital; or
- (e) A nursing facility.

Covered Services:

The following health care services are covered when delivered through the use of telemedicine:

- (a) Evaluation and management services characterized as "office or other outpatient services";
- (b) Evaluation and management services characterized as either "office or other outpatient consultations" or "inpatient consultations"; or
- (c) Psychiatry services characterized as "psychiatric diagnostic procedures", "psychotherapy," "pharmacologic management," or "interactive complexity."

26. Telemedicine

Payment Methodology:

The payment amount for a health care service delivered through the use of telemedicine, a telemedicine originating fee, or an evaluation and management service is the lesser of the submitted charge or the maximum amount shown in the professional fee schedule for the date of service.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of telemedicine. The agency's fee schedule rate was set as of 12/31/2014 and is effective for services provided after that date. All rates are published at <http://medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx>.

Payment Limitations:

When the originating site is located within a five mile radius from the distant site, providers at the distant or originating site are not eligible for payments related to telemedicine.

The distant site provider may submit a professional claim for the health care service delivered through the use of telemedicine. No institutional (facility) claim may be submitted by the distant site provider for the health care service delivered through the use of telemedicine. All appropriate codes and modifiers must be reported.

An originating site provider that is neither an inpatient hospital nor a nursing facility may submit a claim for a telemedicine originating fee. If such an originating site provider renders a separately identifiable evaluation and management service to the patient on the same date as the health care service delivered through the use of telemedicine, the provider may submit either a claim for the evaluation and management service or the telemedicine originating fee with the appropriate modifier. No originating site provider may receive both a telemedicine originating fee and payment for an evaluation and management service provided to a patient on the same day.

The rendering practitioner at the distant site must be a medical doctor, doctor of osteopathic medicine or licensed psychologist or a federally qualified health center. When the rendering provider is a federally qualified health center the rendering practitioner must be a medical doctor, doctor of osteopathic medicine or licensed psychologist.

A provider will not be eligible for payment as both the originating and distant site for the same patient, same date of service.

TN: 14-022
Supersedes
TN: NEW

Approval Date 6/11/15

Effective Date 01/01/2015