

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 19-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



**Regional Operations Group**

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October 22, 2019

Maureen M. Corcoran, Director  
Ohio Department of Medicaid  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 19-0019

Dear Ms. Corcoran:

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

Transmittal #19-0019            - Medicaid Covered Services Delivered through Telehealth  
   - Effective Date: August 8, 2019  
   - Approval Date: October 21, 2019

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

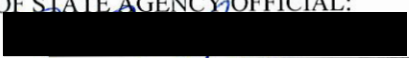
Sincerely,

/s/

Ruth A. Hughes  
Deputy Director  
Center for Medicaid and CHIP Services  
Regional Operations Group

Enclosures

cc: Carolyn Humphrey, ODM  
Becky Jackson, ODM  
Greg Niehoff, ODM

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>19-019</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 <b>August 08, 2019</b>	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 410.78		7. FEDERAL BUDGET IMPACT: a. FFY 19 \$ 2,625 b. FFY 20 \$10,500	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 26, Page 1 of 1 Attachment 4.19-B, Item 26, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Item 26, Page 1 of 1 (TN 14-022) Attachment 4.19-B, Item 26, Page 1 (TN 14-022)	
10. SUBJECT OF AMENDMENT: Medicaid covered services delivered through the use of Telehealth			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: MAUREEN M. CORCORAN			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: August 26, 2019			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: August 26, 2019		18. DATE APPROVED: October 21, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 8, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Deputy Director	
23. REMARKS:			

**Instructions on Back**

## 26. Telehealth

**Key Definitions:**

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

- (a) The delivery of service by electronic mail, telephone call, or facsimile transmission.
- (b) Conversations between practitioners regarding the patient without the patient present either physically or via synchronous, interactive, real-time electronic communication.

For purposes of Medicaid coverage, “practitioner site” is the physical location of the treating practitioner at the time a health care service is provided through the use of telehealth. The practitioner site shall not be the same location as the patient site.

For purposes of Medicaid coverage, “patient site” is the physical location of the patient at the time a health care service is provided through the use of telehealth. The patient site may be one of the following:

- (a) The office or service location of a medical doctor, doctor of osteopathic medicine, podiatrist, licensed psychologist, physician assistant, clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, licensed independent social worker, licensed independent marriage and family therapist, licensed professional clinical counselor, or licensed independent chemical dependency counselor.
- (b) The patient’s home;
- (c) School;
- (d) An outpatient hospital;
- (e) An inpatient hospital;
- (f) A nursing facility;
- (g) A federally qualified health center (FQHC);
- (h) A rural health clinic (RHC); or
- (i) Intermediate care facility for individuals with an intellectual disability (ICF/IID).

**Covered Services:**

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

- (a) When provided by a patient centered medical home participating in the Ohio Comprehensive Primary Care program (Ohio CPC), evaluation and management services of a new patient characterized as “office or other outpatient visit” with medical decision making not to exceed moderate complexity;
- (b) Evaluation and management services for an established patient characterized as either “office or other outpatient visit” with medical decision making not to exceed moderate complexity;
- (c) Inpatient or office consultation for a new or established patient; or
- (d) Mental health or substance use disorder services described as “psychiatric diagnostic evaluation” or “psychotherapy.”

TN: 19-019

Supersedes

TN: 14-022Approval Date: 10/21/19Effective Date: 08/08/2019

26. Telehealth

**Payment Methodology:**

The payment amount for a health care service or an evaluation and management service delivered through the use of telehealth is the same as it would be if the service were provided face to face: the lesser of the submitted charge or the maximum amount shown in the professional fee schedule for the date of service.

**Payment Limitations:**

The practitioner site may submit a professional claim for the health care service delivered through the use of telehealth. All appropriate codes and modifiers must be reported in addition to the “GT” modifier to identify the service as telehealth.

The rendering practitioner must be one of the following: medical doctor, doctor of osteopathic medicine, podiatrist, licensed psychologist, physician assistant, clinical nurse specialist, certified nurse midwife, certified nurse practitioner, licensed independent social worker, licensed independent marriage and family therapist, licensed professional clinical counselor, or a licensed independent chemical dependency counselor. The rendering provider must be reported on a professional claim for any service rendered through the use of telehealth.