



John R. Kasich, Governor  
John B. McCarthy, Director

**Medicaid Handbook Transmittal Letter (MHTL) No. 3334-15-01**

**TO: Eligible Providers of Medicaid Services  
Chief Executive Officers, Managed Care Plans (MCPs)**

**FROM: John B. McCarthy, Director**

**SUBJECT: Medicaid Coverage of Telemedicine and Related Services**

**RULE SUMMARY**

**Rule 5160-1-18, Telemedicine**, will be created to establish policy relating to the coverage of Medicaid services delivered through telemedicine.

Changes: Rule 5160-1-18 will be created to establish that, for purposes of Medicaid coverage, telemedicine is the direct delivery of evaluation and management (E&M) or psychiatric services to a Medicaid eligible patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements. Physicians (MD, DO) and licensed psychologists may be eligible for payment for eligible services rendered through telemedicine, and physician offices, clinics, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and outpatient hospitals may be eligible for a telemedicine originating payment.

**Billing Instructions**

*Originating Site:*

The following provider types will be eligible as an originating site, either using a Q3014 HCPCS code (Q3014) or a GQ modifier: Primary Care Clinic, Outpatient Hospital, Rural Health Clinic (Medical), Federally Qualified Health Clinic (Medical), Physician, Professional Medical Group, Podiatrist, and Optometrist.

When the following codes are billed in lieu of a Q3014, a GQ modifier must be used to signify a telemedicine originating service was also present during the visit:

99201-99215  
99241-99245  
99251-99255  
92002  
92004

92012  
92014

Providers will not be eligible for payment as an originating site for a Q3014 along with any of the CPT codes listed above for the same patient, same date of the service.

Providers are only eligible to bill the Q3014 on a professional claim.

#### *Distant Site*

Distant site providers will be eligible for payment when the health care service is rendered by one of the following provider types: Physician, Psychologist, and Federally Qualified Health Center (Medical & Mental Health). Only resident modifiers will be accepted.

Providers billing for services rendered as a distant site will be eligible for payment when the GT modifier is used in conjunction with one of the following CPT codes:

99201-99215  
99241-99245  
99251-99255  
90791-90792  
90804-90858  
90863

Providers are only eligible to bill as a distant site on a professional claim.

#### *Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs)*

When billing as an originating site, FQHCs/RHCs must use a T1015 HCPCS code with a UA modifier. The Q3014 must be included on the claim. FQHCs/RHCs will not be eligible for both services billed using a U1 and UA modifier.

#### *Limitations*

Providers will not be eligible for payment when a Q3014 and a CPT code with a GQ modifier is submitted for the same patient, same date of service, and same provider.

Providers will not be eligible for payment when a Q3014 or a CPT code with a GQ modifier and a CPT code with a GT modifier is submitted for the same patient, same date of service, and same provider.

Place of service home (POS 12) is not an acceptable place of service for either an originating or a distant site. Inpatient hospital, nursing facility, and inpatient psychiatric hospitals are

additional place of service restrictions for an originating site payment. All current place of service restrictions for E&M and Psychiatric codes apply.

### **Access to Rules and Related Material**

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is <http://www.medicaid.ohio.gov>. The web page of the Ohio Department of Medicaid (ODM) includes a link to the Medicaid “eManuals.” The link will be found by first going to the resources tab at the top of the ODM webpage and then scrolling over the publications tab.

ODJFS maintains an "electronic manuals" web page of ODJFS and Medicaid rules, manuals, transmittal letters, forms, and handbooks. The web address for this "eManuals" web page is <http://emanuals.odjfs.state.oh.us/emanuals/>.

From the "eManuals" page, providers may view documents online by following these steps:

- (1) Select the Medicaid- Provider' collection.
- (2) Select the appropriate service provider type or handbook.
- (3) Select the desired document type.
- (4) Select the desired item from the 'Table of Contents' pull-down menu.

Most current Medicaid maximum reimbursement amounts are listed in rule 5160-1-60 or in Appendix DD to that rule. Providers may view this information by following these steps:

- (1) Select the 'Medicaid - Provider' folder.
- (2) Select 'General Information for Medicaid Providers'.
- (3) Select 'General Information for Medicaid Providers (Rules)'.
- (4) Select '5160-1-60 Medicaid Reimbursement' from the 'Table of Contents' pull-down menu and then scroll down to the link to Appendix DD.

The Legal/Policy Central – Calendar site, <http://www.odjfs.state.oh.us/lpc/calendar/>, is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS and Medicaid letters, <http://www.odjfs.state.oh.us/lpc/mtl/>. The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive automatic electronic notification when new Medicaid transmittal letters are published, sign up for the ODJFS e-mail subscription service at <http://www.odjfs.state.oh.us/subscribe/>.

### **Additional Information**

Questions pertaining to this letter should be addressed to:

Ohio Department of Medicaid  
Bureau of Provider Services  
P.O. Box 1461  
Columbus, OH 43216-1461  
Telephone (800) 686-1516

