

## Medicaid Billing Requirements for Telehealth Services

On August 31, 2020, the Ohio Department of Medicaid filed Ohio Administrative Code (OAC) rule [5160-1-18](#), entitled “Telehealth”. This rule updates and continues many of the telehealth policy changes that have been implemented on an emergency basis since March 2020. The purpose of this communication is to ensure behavioral health providers are aware of Medicaid billing requirements included in the rule, anticipated to be in effect November 15, 2020.

The newly filed version of OAC 5160-1-18 establishes in rule the current billing requirement that claims for telehealth services must include the “GT” modifier to indicate the service was delivered via telehealth. While ODM had previously allowed flexibility with implementation of billing system changes during the emergency updates to telehealth beginning in March 2020, **all providers must include the “GT” modifier for telehealth services by the effective date of this new rule, which is anticipated to be November 15, 2020.** Additionally, the rule continues the current requirement for place of service codes to be reported as described in the ODM billing guidelines for behavioral health services.

Providers that have not yet fully implemented ODM and Medicaid managed care billing requirements for telehealth services should make sure all necessary billing system changes are in place by November 15, 2020. For additional information on use of the “GT” modifier and place of service codes, behavioral health providers should refer to the [Behavioral Health Provider Manual](#).

Questions about the Medicaid coverage, billing, and reimbursement can submit to [BH-Enroll@medicaid.ohio.gov](mailto:BH-Enroll@medicaid.ohio.gov).