Ohio | Department of Medicaid

When Medicaid Telehealth Coverage Differs from Medicare and Third-Party Telehealth Coverage

Medicaid Claims Processing

Background

In response to the COVID-19 pandemic, the Ohio Department of Medicaid (ODM) implemented emergency rule 5160-1-21 to rapidly expand telehealth services during the state of emergency declared by Governor Mike DeWine on March 9, 2020. Under this rule, the definition of telehealth has been extended to include broader means of communication where audio and video elements may not be available. Throughout the state of emergency, providers can deliver telehealth services through the telephone, electronic mail, and some web applications that meet more flexible security requirements implemented under HIPAA in response to the pandemic.

Medicare has greatly expanded what is covered through telehealth and many other third-party payers are following suit to quickly implement flexibilities in telehealth policies. Although telehealth services are much broader now than they were prior to the state of emergency, not all payers will define telehealth covered services in the same way. To minimize provider burden related to coordination of benefits with other payers, ODM is offering a streamlined process for fee-for-services (FFS) claims submission when telehealth services are not covered by Medicare or other third-party payers but are covered by Ohio Medicaid.

For the latest information on what services are covered by Medicare via telehealth, as well as which services can be rendered audio-only, please refer to Medicare telehealth coverage. (Please note the downloaded file name is so long, the user is unable to open the file as is. You will need to copy/paste the file and then rename it in order to open the file).

For hospitals, all services performed on a single date of service must be submitted on a single claim to ODM in order for the discounting/packaging features of the Enhanced Ambulatory Patient Groups (EAPG) grouper to work properly. Hospitals may not break apart an outpatient hospital claim, as there are strict duplicate edits in place to ensure that only one claim is received from a hospital per recipient per date of service. Hospitals must first bill the entire claim to Medicare or other third-party payer if there are additional services performed on the same date of service for a recipient.

The updated billing guidance applies to the following scenarios for Medicaid-covered telehealth services:

- The service is not covered by Medicare or other third-party payers when provided via telehealth; or
- The service is covered by Medicare when provided through telehealth BUT the service is provided using a telehealth modality not allowed by Medicare.

Ohio | Department of Medicaid

Effective dates

- This billing guidance applies for dates of service on or after March 9, 2020 and will continue until further notice.
- For Medicaid fee-for-service (FFS) claims submission, MITS updates were put in place May 23, 2020 to accommodate the new billing guidance. FFS claims with dates of service on or after March 9th that were submitted to MITS and denied prior to May 23rd may be resubmitted using the new billing guidance.

FFS Telehealth Claim Submission for Individuals Dually Eligible for Medicare and Medicaid

Providers must ensure they comply with Ohio Administrative Code rule 5160-1-08, specifically paragraph (E), for each of the scenarios below:

1. If the telehealth service is covered by Medicare, submit claim to traditional Medicare or Medicare Advantage plan, prior to pursuing payment from Medicaid.
2. If the service is not covered by Medicare when delivered via telehealth, submit the claim to MITS using the 'GT' modifier with the procedure code.
3. If the service can be covered by Medicare using telehealth, but the specific telehealth modality used is not allowed by Medicare (e.g. telephone only), submit the claim to MITS using both the 'GT' and 'GY' modifiers with the procedure code.

FFS Telehealth Claims Submission for Individuals with Other Insurance Third Party Liability

For the purposes of this guidance, ODM assumes that if Medicare does not cover a service through telehealth, then other third-party payers are not likely to cover the service.

Providers must ensure they comply with Ohio Administrative Code rule 5160-1-08, specifically paragraph (E), for each of the scenarios below:

1. If the telehealth service is covered by the other commercial insurance, submit claim to other insurance plan prior to pursuing payment from Medicaid.
2. If the service is not covered by the other insurance when delivered via telehealth, submit the claim to MITS using the 'GT' modifier with the procedure code.

Providers are responsible for understanding Medicare and other insurance coverage policies for telehealth services and must pursue payment from other payers prior to attempting to bill Medicaid (including managed care organizations), when applicable. Providers should maintain documentation of the telehealth modality used.

Managed Care and MyCare Billing Instructions

Ohio | Department of Medicaid

Table 1: Service is not covered by third-party payers when provided via telehealth

MCO	Billing Instructions
Buckeye	GT modifier on claims submitted for dates of service 3/9/2020 and after
CareSource	GT modifier on claims submitted effective 6/12/2020 for dates of service 3/9/2020 forward. However, if a provider submits primary, and primary allows, CareSource will allow primary to pay. If no explanation of benefits (EOB) is submitted, system will be modified to allow Medicaid to pay (instead of denying for no evidence of submission to primary).
Molina	GT modifier and/or POS 02 on claims submitted effective 6/2/2020 for dates of service 3/9/2020 and after
Paramount	GT modifier on claims submitted effective 6/3/2020 for dates of service 3/9/2020 and after
United	Claims must first be submitted to third-party payer. Then submit claims with EOB to UHC.

Table 2: Service is not covered by Medicare when provided via telehealth

MCO	Billing Instructions
Aetna MyCare	GT modifier on claims submitted for dates of service 3/9/2020 and after
Buckeye	GT modifier on claims submitted for dates of service 3/9/2020 and after
CareSource	GT modifier on claims submitted effective 6/12/2020 for dates of service 3/9/2020 forward
Molina	• MyCare opt-out coverage – GT modifier and/or POS 02 on claims submitted effective 5/15/2020 for dates of service 3/9/2020 and after • Medicaid coverage secondary to Medicare – GT modifier and/or POS 02 on claims submitted effective 6/2/2020 for dates of service 3/9/2020 and after • MyCare opt-in coverage must include Medicare denial and manual appeal process prior to Medicaid paying for the service
United	• MyCare opt-out coverage – Medicare EOB must be submitted with the claim • MyCare opt-in coverage does not need Medicare EOB given the bundled rate for Medicare/Medicaid coverage

Table 3: Service is covered by Medicare when provided through telehealth BUT the service is provided using a telehealth modality not allowed by Medicare

MCO	Billing Instructions
Aetna MyCare	GT and GY modifiers on claims submitted for dates of service 3/9/2020 and after
Buckeye	GT and GY modifiers on claims submitted for dates of service 3/9/2020 and after
CareSource	GT and GY modifiers on claim submitted effective 6/12/2020 for dates of service 3/9/2020 forward.

Molina	• MyCare opt-in and opt-out coverage - GY modifier and either GT modifier and/or POS 02 on claims submitted effective 6/2/2020 for dates of service 3/9/2020 and after • Medicaid coverage secondary to Medicare - the process would involve Medicaid denial and manual appeal process prior to Medicaid paying for the service
United	Medicare EOB must be submitted with the claim to ensure proper processing

For questions regarding MCP and MyCare Ohio Plan (MCOP) coverage, policy, and reimbursement, please use the contact form at: https://medicaid.ohio.gov/provider/ManagedCare, or

- Contact the MCP/ MCOP directly, as follows:
  - Aetna 855-364-0974 (MCOP only)
    https://www.aetnabetterhealth.com/ohio/providers/
  - Buckeye 866-296-8731
    https://www.buckeyehealthplan.com/providers/resources.html
  - CareSource 800-488-0134
    https://www.caresource.com/oh/providers/provider-portal/medicaid/
  - Molina 855-322-4079
    https://www.molinahealthcare.com/providers/oh/medicaid/Pages/home.aspx
  - Paramount 800-891-2542 (MCP only)
    https://www.paramounthealthcare.com/services/providers/
  - United Health Care 800-600-9007
    https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-comm-plan-home.html?rfid=UHCCP