AmeriHealth Caritas Ohio

Telehealth

Reimbursement Policy ID: RPC.0008.7700

Recent review date: 07/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

The health plans policy outlines reimbursement criteria for telehealth services reported on professional claim form CMS-1500.

Exceptions

Facility claims reported on claim form CMS-1450 (formerly UB-04) and claims for telehealth services defined by OAC rule 5122-29-31 by behavioral health providers who are Ohio Department of Mental Health and Addiction Services certified under OAC rule 5160-27-01 are excluded from this policy.

Reimbursement Guidelines

The health plan recognizes the role of new and emerging technologies in the evolving healthcare landscape. Practitioner services historically defined by the in-person, physical meeting of patient and provider at the provider's office or other location are now routinely rendered using an array of HIPAA-compliant interactive telecommunication technologies commonly known as "telehealth," "virtual care," "e-visits," or "telemedicine." Telehealth services are classified according to how the patient's information is transmitted to the provider.

- **Synchronous** telehealth services involve live interaction between patient and provider and are either via audio alone or simultaneous audio and video.
- **Asynchronous store and forward** telehealth occurs when the patient's medical information is electronically transmitted to the provider.

Consistent with the Ohio Department of Medicaid (ODM), the health plan deems certain provider services suitable for delivery via telehealth and considers telehealth services eligible for reimbursement when submitted on a clean claim with procedure codes, diagnosis codes, and modifiers compatible with the telehealth concept.

Procedure(s): Please refer to the ODM telehealth billing guidelines for the list of procedure codes that can be rendered as telehealth services. Per OAC rule 5160-1-18, a communication between practitioners regarding a patient, without the patient present in the communication, is not considered telehealth unless the same communication is considered a billable health service in a non-telehealth setting.

Modifier(s): Modifier GT must be appended to the procedure code to indicate a telehealth service. When applicable, a patient location modifier must also be appended. Please refer to the ODM's telehealth billing guidelines for the list of patient location modifiers.

Telehealth modifiers

Modifier	Modifier description
GT	Telehealth services rendered via interactive audio and video telecommunication systems.

Professional Services

When billing for professional services, if the description of a covered procedure code in an ODM fee schedule indicates a telehealth or electronic service, the GT modifier is not required.

Patient Location Modifiers (If the patient site is not one of these locations, a modifier identifying patient location is not required.)	
U1	Patient home or place of residence at the time of service (including homeless shelter, residential facility other than a nursing facility, temporary housing, etc.)
U2	School
U3	Inpatient Hospital
U4	Outpatient Hospital
U5	Nursing Facility
U6	ICF/IID

Telehealth place of service (POS) codes

The POS code reported on a claim for telehealth services must reflect the physical location of the treating practitioner.

Effective **2/1/2023-9/30/2024** the following place of service codes were **not** eligible unless otherwise indicated below:

POS	POS description and billing
02	(Telehealth Provided Other Than in Patient's Home) will only be accepted on claims for telehealth services by *Home Health Service providers*. *
10	(Patient's Home) will **not be** accepted for telehealth services. *

*Effective **10/1/2024- 12/31/2026** the following place of service codes are eligible for payment as outlined below:

POS	POS description and billing
02	(Telehealth Provided Other Than in Patient's Home) is accepted.
10	(Patient's Home) is accepted for telehealth services.

Effective **9/1/2026** in addition to POS 2 and 10, following place of service code may be eligible for payment as outlined below:

POS	POS description and billing
09	(Prison/Correctional Facility) to eligible juveniles for services provided 30 days prior to release.

*Effective **1/1/2027**, Place of service codes (02) and (10) will not be accepted on claims where Medicaid is the primary payer unless specified in provider specific billing guidelines. Patient location modifiers should be used as applicable to identify the location of the patient, and the POS code must reflect the physical location of the practitioner.

POS	POS description and billing
02	(Telehealth Provided Other Than in Patient's Home) will *only be accepted on claims for telehealth services by *Home Health Service providers*. *
10	(Patient's Home) will **not be** accepted for telehealth services. *

Definitions

Telehealth
Telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies. Live video conferencing, mobile health apps, store and forward electronic transmission, and remote patient monitoring (RPM) are examples of technologies used in telehealth.

GT-Via interactive audio and video telecommunication systems
Modifier GT is used to indicate telehealth services.

Practitioner site
The practitioner site is the physical location of the treating practitioner at the time a health care service is provided via telehealth.

Patient site
The patient site is the physical location of the patient at the time a health care service is provided via telehealth.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.

II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Ohio Administrative Code 5160-1-18 Telehealth: https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-18
V. Ohio Department of Medicaid (ODM) Telehealth Billing Guidelines: https://medicaid.ohio.gov/resources-for-providers/billing/billing
VI. Centers for Medicare & Medicaid Services (CMS) POS Code Set: https://www.cms.gov/Medicare/Coding/place-of-servicecodes/Place_of_service_code_set
VII. https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/Billing/BillingInstructions/Telehealth_Billing_Guidelines_updates_for_2026_final.pdf

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
07/2026	• Added Professional Services • Added additional information effective 1/1/2027 • Added Telehealth Billing Guidelines to Edit Sources
07/2026	Reimbursement Policy Committee Approval
06/2026	Updated policy to allow place of service 09 with GT modifier
10/2025	Reimbursement Policy Committee Approval
09/2025	Annual review • No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
11/2024	Updated telehealth place of service codes/modifier
04/2024	Revised preamble
01/2024	Reimbursement Policy Committee Approval