5101:3-1-60.1 Special provisions for reimbursement for physician groups acting as outpatient hospital clinics.

- (A) For physician services rendered on and after the effective date of this rule by physician group practices which that meet the criteria described in paragraphs (B) and (C) of this rule, the reimbursement amounts in appendix DD of to rule 5101:3-1-60 of the Administrative Code, except for CPT codes 80002 to 89399, will be multiplied by 1.4. Pregnancy- related services will be reimbursed according to appendix A of to rule 5101:3-4-081 of the Administrative Code from March 3, 1992 through March 31, 1992. Pregnancy services will be reimbursed in accordance with appendix DD of to rule 5101:3-1-60 of the Administrative Code from April 1, 1992. For dates of service May 1, 1994 and thereafter, the following evaluation and management codes will be reimbursed in accordance with appendix DD of to rule 5101:3-1-60 of the Administrative Code: 99211, 99212, 99213, 99214, and 99215. "CPT" as used in this rule is defined in rule 5101:3-1-19.3 of the Administrative Code.
- (B) The physician group practice is physically attached to a hospital which that does not provide physician clinic outpatient services and the hospital and physician group practice have signed a letter of agreement indicating that the physician group practice provides the outpatient hospital clinic service for that hospital.
- (C) The Ohio department of human job and family services provider utilization summary for calendar year 1990 establishes that the physician group practice provides at least forty per cent of the total number of medicaid physician visits provided in the county in which the physician group practice is located and an aggregate total of at least ten per cent of the physician visits provided in the contiguous counties.

5101:3-1-60.1 2

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