

**Rule Summary and Fiscal Analysis (Part A)****Department of Job and Family Services**

Agency Name

**Division of Medical Assistance**

Division

**Nancy Van Kirk**

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**5101:3-1-60**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Medicaid reimbursement.****RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5111.0112, 5111.02**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.01, 5111.0112, 5111.02, 5111.021**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being proposed for amendment to announce the adoption of 2008 Healthcare Common Procedural Coding System (HCPCS) and 2008 Current Procedural Terminology (CPT) codes effective January 1, 2008 in order to maintain consistency with industry standards, which the department is required to do under the Health Insurance Portability and Accountability Act (HIPPA).

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE,

then summarize the content of the rule:

This rule sets forth general Medicaid reimbursement procedures, lists CPT codes and the maximum payment amounts for professional providers. The appendix to this rule is amended to add new HCPCS codes issued by CMS, the American Medical Association, and the American Dental Association for 2008 and to discontinue codes deleted nationally.

In addition, the maximum payment amounts for drugs administered other than oral method have been updated using the Centers for Medicare and Medicaid Services most recent Average Sales Price (ASP) listing.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76 (A) (3).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

*Not Applicable.*

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

The changes from the previously filed version of the rule are updating the appendix to this rule to add the new first quarter 2008 Healthcare Common Procedural Coding System (HCPCS) codes issued by Centers for Medicare and Medicaid

Services (CMS) with an effective date of April 1, 2008. Current Procedural Terminology (CPT) code 36591 has been amended to allow an office visit on the same day as this surgical procedure. The price for Implanon (J7307) has been increased as a result of a new wholesale acquisition cost for this contraceptive implant. The fiscal impact related to the revise filing of this rule is an additional \$181.00 for the current Medicaid biennium budget.

12. 119.032 Rule Review Date: **11/1/2010**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

**FISCAL ANALYSIS**

13. Estimate the total amount by which *this proposed rule* would **increase/decrease** either **revenues /expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will increase expenditures.

\$78,181.00

The total estimated cost for the proposed amendment to this rule would be \$78,000.00 for the current Medicaid biennium budget.

The total estimated cost for the revise filing to this rule would be \$181.00 for the current Medicaid biennium budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

600-525

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

Every year Healthcare Common Procedure Coding System (HCPCS) is updated with new and deleted codes. Providers are required to use this coding system when billing for professional services. In order to comply with this rule, providers are required to use the updated billing codes and may incur costs associated with updating the billing software. Due to providers using different software packages to create invoices, we are unable to provide an estimated cost to providers. The cost described is not a new cost and would be required by all payers, not just Medicaid. In addition, Medicaid reimbursement rates were developed to include administrative costs such as these. This rule maintains the current practice of providers updating their billing systems on an annual basis, so there should be no new cost to providers.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**