ACTION: Original DATE: 01/02/2007 10:00 AM

5101:3-10-10 **Dialysis equipment.**

- (A) <u>Unless otherwise indicated, equipmentEquipment</u> and all related medical supplies necessary for the home dialysis <u>patientconsumer</u> are covered under the Ohio medicaid program when billed by suppliers/providers, except when the <u>patientconsumer</u> elects to receive dialysis under "Method <u>I"</u>, <u>I,"</u> as referenced in rule 5101:3-13-07 of the Administrative Code.
- (B) Requests for dialysis equipment and all related supplies should only be submitted to medicaid if medicare has denied coverage for a reason other than a lack of medical necessity. This medicare denial should be kept in the provider's file, to be reviewed by the department upon request.
- (B) Dialysis equipment and supplies are reimbursed according to the department fee schedule contained in appendix DD to rule 5101:3-1-60 of the Administrative Code.

5101:3-10-10 2

| Effective: | | |
|----------------------------|------------|--|
| R.C. 119.032 review dates: | 01/02/2007 | |
| | | |
| | | |
| Certification | | |
| | | |
| Date | | |

Promulgated Under: Statutory Authority: Rule Amplifies: Prior Effective Dates: 119.03 5111.02

5111.01, 5111.02, 5111.021 3/1/84, 9/1/02