

## TO BE RESCINDED

5101:3-4-02.1      **"By-report" services.**

- (A) A "by-report service" is any service requiring manual review by the department to determine one or all of the following: if the service is a covered service; the reimbursement rate on an unpriced procedure; or if special conditions or requirements were met.
- (B) All covered services or procedures not listed under a specific HCPCS code in appendix DD of rule 5101:3-1-60 of the Administrative Code must be billed under one of the unlisted CPT codes by-report. Additionally, there are specific services or conditions designated in Chapter 5101:3-4 of the Administrative Code as requiring "by-report" billing.
- (C) Upon completion of a by-report service, a claim must be submitted to the department along with the information required for payment of that service. A report documenting the services or procedures rendered, specific methodology or treatment programs, and medical history and indications must be provided at a minimum. All attachments submitted with the claim must meet the requirements specified in Chapter 5101:3-1 of the Administrative Code.
- (D) Coverage and reimbursement for by-report services will be determined by the department on a case-by-case basis.

Effective:

R.C. 119.032 review dates: 09/20/2010

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Certification

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Date

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