Rule Summary and Fiscal Analysis (Part A)

Department of Job and Family Services

Agency Name

<u>Division of Medical Assistance</u> <u>Nancy Van Kirk</u>

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5101:3-4-06 AMENDMENT

Rule Number TYPE of rule filing

Rule Title/Tag Line Physician visits.

RULE SUMMARY

- 1. Is the rule being filed consistent with the requirements of the RC 119.032 review? N_0
- 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: 5111.02
- 5. Statute(s) the rule, as filed, amplifies or implements: **5111.01**, **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 2007 Healthcare Common Procedural Coding System (HCPCS) and 2007 Current Procedural Terminology codes effective January 1, 2007 in order to maintain consistency with industry standards, which the department is required to do under the Health Insurance Portability and Accountability Act (HIPAA). This rule replaces emergency rules which were effective on December 29, 2006.

7. If the rule is an AMENDMENT, then summarize the changes and the content

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of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule outlines coverage provisions for all physician visits. The paragraph addressing consultations was amended to incorporate new instructions in the 2007 CPT book regarding billing for consultations. Other amendments include: 1) updating the list of valid physician codes that are counted as a physician visit and added to the recepient's year to date visit total; 2) revising the billing instructions for consultations to indicate the referring physician provider information in accordance with rule 5101:3-1-19.3 of the Administrative Code; 3) revising the paragraph addressing limitations on physician visits to remove the phrase regarding voluntary enrollment in a managed care plan, since managed care is mandatory for most medicaid eligible individuals.

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:

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Not Applicable.

12. 119.032 Rule Review Date: 9/1/2010

(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 have no impact on revenues or expenditures.

0.00

Any fiscal impact due to this rule has been reported in the rule summary and fiscal analysis for rule 5101:3-1-60 of the Administrative Code.

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

Not Applicable

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 the Healthcare Common Procedural Coding System (HCPCS) is updated with new and deleted codes. Providers are required to use this coding system when billing for outpatient services. In order to comply with this rule, providers are required to use the updated billing codes and may incur costs associated with updating billing software. Due to providers using different software packages to create invoices, we are unable to provide an estimate 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

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administrative costs such as these. This rule maintains current practice of providers updating their billing systems on an annual basis so there should be no new costs to the providers.

- 16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? N_0
- 17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**