

5101:3-4-34 **Preventive medicine services.**

(A) Preventive medicine is that part of medicine engaged with preventing disease and the maintenance of good health practices. The purpose of preventive medicine is to take a proactive approach to avoiding disease, disability, and death.

(B) Medicaid-covered preventive medicine services may include, but are not necessarily limited to:

~~(1) All healthcheck (EPSDT) services in accordance with Chapter 5101:3-14 of the Administrative Code~~Routine infant checkups;

~~(2) All healthchek (EPSDT) services in accordance with Chapter 5101:3-14 of the Administrative Code;~~

~~(2)(3)~~ Immunizations in accordance with rule 5101:3-4-12 of the Administrative Code;

~~(3)(4)~~ Gynecologic examinations that include pelvic and breast examinations, and pap smears;

~~(4)(5)~~ Pregnancy prevention/contraceptive management visits and services in accordance with rule 5101:3-21-02 of the Administrative Code;

~~(5)(6) Pregnancy-related~~ Pregnancy-related services in accordance with rule ~~5101:3-4-10~~ 5101:3-21-04 of the Administrative Code;

~~(6) Annual chest x-rays for long term care facility (LTCF) residents;~~

~~(7) The required physician visits for LTCF residents;~~

~~(8) Routine infant checkups;~~

(7) Mammography services in accordance with rule 5101:3-4-25 of the Administrative Code;

~~(10)(8)~~ Required physicals for employment or for participation in job training programs, when the employer does not provide a physical free of charge or when other available funds do not pay for an employment physical. Documentation to support that the physical was performed for employment must be in the patient's medical records;

If the recipient is over age twenty, providers should bill the proper office visit code (not preventive visit code);

(9) The required physician visits and annual chest x-rays for long term care facility (LTCF) residents;

~~(11)~~(10) Required annual physical examinations for individuals living in residential facilities licensed by the Ohio department of mental retardation and developmental disabilities. This annual examination is not required for those individuals who are receiving ongoing medical services from a licensed physician;

~~(12)~~(11) Prostate cancer screening tests;

~~(13)~~(12) Glaucoma screening in accordance with Chapter 5101:3-06 of the Administrative Code; and

~~(14)~~(13) Screening colonoscopies for individuals age fifty or older or for high-risk patients. "High risk" is defined in "Your Guide to Medicare's Preventive Services," (01/2009) which can be found at <http://www.medicare.gov/publications/pubs/pdf/10110.pdf>. A physician must perform the screening-;

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~~For required physicals for employment or job training programs mentioned in paragraph (B)(10) of this rule, providers should bill the proper office visit code (not preventive visit code) if the recipient is over age twenty-one years of age.~~

(14) Screening and counseling for obesity provided during an evaluation and management or preventive medicine visit;

(15) Medical nutritional therapy

(a) When medical nutritional services are provided by a registered dietician, providers should do the following:

(i) Use the medical nutrition therapy codes 97802 to 97804;

(ii) Use the AE modifier; and

(iii) Bill under the national provider identifier (NPI) of the supervising physician, physician assistant, or advanced practice nurse.

(b) When medical nutritional services are provided by a physician or physician assistant, providers should use the appropriate evaluation and

management or preventive medicine code.

(c) When medical nutritional services are provided by an advanced practice nurse, providers should use either the medical nutrition therapy code or the appropriate evaluation and management or preventive medicine code; and

(16) Tobacco cessation counseling (99406 and 99407) and classes (S9453) are covered for the following populations:

(a) Pregnant women; and

(b) Children under the age of twenty-one.

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Certification

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