

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5160-1-60  
**Rule Type:** Amendment  
**Rule Title/Tagline:** Medicaid payment.  
**Agency Name:** Ohio Department of Medicaid  
**Division:**  
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#### I. Rule Summary

1. **Is this a five year rule review?** No
  - A. **What is the rule's five year review date?** 1/1/2023
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5164.02
5. **What statute(s) does the rule implement or amplify?** 5164.02
6. **What are the reasons for proposing the rule?**

This rule is being proposed for amendment to update policy related to the administration of the Medicaid program.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule sets forth payment policies for services furnished by many professional, non-institutional providers. The current rule specifies a process by which an initial maximum payment amount is established for certain procedures at the beginning of a calendar year; the rule body is amended to allow the establishment of initial

payment amounts more often than annually. The appendix to the rule is amended to incorporate the following changes:

1. The 2018 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding updates are added. These updates -- addition of new codes with maximum payment amounts, discontinuation of obsolete codes -- were published on a separate table and became effective on January 1, 2018.

2. Medicaid payment amounts are established for colonoscopy procedures represented by three CPT codes. These surgical procedures themselves are currently covered. Recognizing the procedure codes will have an impact only on how these procedures are reported.

3. Separate payment will no longer be made for chronic care management and transitional care management procedures. Providers participating in the expanded comprehensive primary care program will instead receive per member per month (PMPM) payments for providing care management services to attributed members.

4. Coverage is being established for behavioral health management and integration provided by practices that integrate physical and behavioral health services for Medicaid-eligible individuals. This coverage expansion will apply to services rendered by the following provider types:

\* Physicians

\* Advanced practice registered nurses

\* Physician assistants

\* Non-physician licensed behavioral health practitioners

5. Covered dental procedures that were previously listed in Appendix B to OAC rule 5160-5-01 are added to the appendix to rule 5160-1-60.

6. Covered ambulatory surgery procedures are removed because the maximum payment amounts are now obsolete. Current ASC payment amounts are located in a different schedule.

**8. Does the rule incorporate material by reference? Yes**

**9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

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 R.C. 121.71 to 121.74 pursuant to RC 121.76(A)(3).

**10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

The appendix to this rule is being revised to remove coverage for behavioral health management and integration provided by practices that integrate physical and behavioral health services for Medicaid-eligible individuals.

A restorative crown procedure has been added to the dental appendix.

## **II. Fiscal Analysis**

- 11. As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will decrease expenditures.

\$800,000

The amendment of this rule will reduce expenditures to Medicaid providers by \$800,000 for the current biennium budget.

- 12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

There is no cost of compliance.

- 13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

- 14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

## **III. Common Sense Initiative (CSI) Questions**

- 15. Was this rule filed with the Common Sense Initiative Office? No**

- 16. Does this rule have an adverse impact on business? No**

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No**

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**
  
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No**