

**FEDERAL MEDICAID NOTICE AND PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**

DATE: July 23, 2013

TIME: 10:00 a.m.

LOCATION: Room 3110B, Rhodes State Office Tower  
30 East Broad Street, Columbus, OH 43215

Pursuant to section 5111.02 and Chapter 119. of the Ohio Revised Code and 42 CFR 447.205, the director of the Office of Medical Assistance gives notice of the office's intent to consider the amendment, rescission, or adoption of the rules identified below and to hold a public hearing on these rules. The public hearing will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be accepted at the public hearing, and written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Rule 5101:3-1-60, titled "Medicaid reimbursement," sets forth reimbursement policies for services furnished by professional providers. This rule is being rescinded and replaced by rule 5101:3-1-60, titled "Medicaid reimbursement."

Rule 5101:3-1-60, titled "Medicaid reimbursement," is being proposed for adoption to replace a rule of the same number and title. It sets forth reimbursement policies for services furnished by professional providers. The text of the existing rule is being reorganized, streamlined, and clarified; a new provision states explicitly that reimbursement limits may be set on the basis of the characteristics of an individual procedure, service, or supply or the relationships between procedures, services, or supplies. The appendix to the rule is being amended in several ways: Typographical errors are corrected, new Healthcare Common Procedure Coding System (HCPCS) codes are added, obsolete HCPCS codes are discontinued, coverage is initiated for some previously noncovered HCPCS codes, adjustments are made to the professional/technical split of certain current HCPCS codes, and code descriptions are revised. The 'Visit' column, whose sole function has been to display an indicator for 12 blood-related procedures that may be separately reimbursable on the day of surgery, is being discontinued; this provision will now be addressed in the body of rule 5101:3-4-06. Pursuant to section 5111.021 of the Ohio Revised Code and paragraph (D) of this rule, the maximum fees for certain procedures, services, or supplies are reduced so that they do not exceed the corresponding maximum Medicare allowed amounts. Long sections of outdated items (such as old models of spectacle frames and lenses) are collapsed into single entries. Perhaps most significant, entries for vaccines and other provider-administered pharmaceuticals—represented, for example, by Current Procedural Terminology (CPT) codes in the range from 90476 to 90749, CPT codes in the range from 90281 to 90399, or HCPCS codes beginning with the letter J—are removed from this appendix and replaced with a reference to new rule 5101:3-4-12. It is estimated that the reduction of Medicaid fees to or below federal maximum amounts will result in a total decrease in annual aggregate Medicaid expenditures of approximately \$6 million.

Rule 5101:3-4-06, titled "Physician visits," sets forth coverage and reimbursement policies for physician visits conducted in a variety of settings. This rule is being proposed for amendment. In the section dealing with visits related to surgical procedures, references to the visit indicator in

rule 5101:3-1-60 are being removed. Other corrections are being made to improve clarity and to update a reference to the Coordinated Services Program. It is estimated that these changes will have no impact on annual aggregate Medicaid expenditures.

Rule 5101:3-4-12, titled "Immunizations," sets forth general provisions for coverage and reimbursement of immunizations and vaccines. This rule is being rescinded and replaced by rule 5101:3-4-12, titled "Immunizations, injections and infusions (including trigger-point injections), and provider-administered pharmaceuticals."

Rule 5101:3-4-12, titled "Immunizations, injections and infusions (including trigger-point injections), and provider-administered pharmaceuticals," is being proposed for adoption to replace a rule of the same number titled "Immunizations." It sets forth general provisions for coverage and reimbursement of immunizations and vaccines. The rule is being reorganized, streamlined, and clarified, and the content of existing rule 5101:3-4-13 is being incorporated. The two existing appendices to the rule are being discontinued; the new rule instead prescribes a methodology for establishing a maximum allowable fee for a covered provider-administered pharmaceutical, and it specifies a web location where a list of covered provider-administered pharmaceuticals will be found. A superfluous reference to national organizations and an unnecessary provision concerning the determination of medical necessity are being removed. A new provision will allow reimbursement for vaccine administration rather than an evaluation and management service (i.e., an office visit) when an immunization procedure is performed by a provider who is eligible for increased reimbursement in accordance with rule 5101:3-1-60.3. It is estimated that the difference in fee amounts will result in an increase in annual aggregate Medicaid expenditures of approximately \$1 million.

Rule 5101:3-4-13, titled "Therapeutic injections (including trigger point injections) and prescribed drugs," sets forth general provisions for coverage and reimbursement of injections and pharmaceuticals administered as physician services. This rule is being rescinded. The content of the rule is being incorporated into new rule 5101:3-4-12, titled "Immunizations, injections and infusions (including trigger-point injections), and provider-administered pharmaceuticals."

Rule 5101:3-4-13, titled "Relocated provisions concerning injections and provider-administered pharmaceuticals," is being proposed for adoption. This placeholder rule simply cites new rule 5101:3-4-12; it serves to ensure that existing references to rule 5101:3-4-13 remain functional until they can be updated.

Any person affected by these rules may examine them and obtain a copy, without charge, at the following locations:

The Ohio Department of Job and Family Services, Office of Legal and Acquisition Services,  
30 East Broad Street, 31st Floor, Columbus, Ohio, or  
On the internet at <http://www.registerofohio.state.oh.us/>.

Requests for a copy of the rule or comments on the rule should be submitted in any of the following ways:

By mail to the Office of Medical Assistance, c/o Ohio Department of Job and Family Services, Office of Legal and Acquisition Services, 30 East Broad Street, 31st Floor, Columbus, OH 43215-3414;

By fax to (614) 752-8298; or

By e-mail to [rules@jfs.ohio.gov](mailto:rules@jfs.ohio.gov).

Comments received may be reviewed at the Ohio Department of Job and Family Services, Office of Legal and Acquisition Services, 30 East Broad Street, 31st Floor, Columbus, Ohio.