

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

Date: February 16, 2006
Time: 10:00 a.m.
Location: Room 2925, Rhodes State Office Tower
30 East Broad St., 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 Ohio Department of Job and Family Services gives notice of the department's intent to consider the permanent amendment of the rules as identified below and of public hearing thereon. The rules were filed on an emergency basis on December 30, 2005.

Rule 5101:3-1-19.3, entitled Claim submission [except for services provided to consumers who are members of a Medicaid managed care program], outlines criteria for submitting claims to Ohio Medicaid. It is being amended to incorporate coding changes instituted by the American Medical Association in its 2006 Current Procedural Terminology book. Changes include updates to effective dates and valid dates of service throughout the rule. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-1-60, entitled Medicaid reimbursement, is being amended to implement the 2006 Healthcare Common Procedural Coding System (HCPCS) codes to be effective for dates on service on and after January 1, 2006 to maintain consistency with industry standards for medical coding, to comply with federal requirements under the Health Insurance Portability and Accountability Act (HIPAA), and to make the rule consistent with federal policies for the implementation of the Medicare Drug (part D) program on January 1, 2006. This rule sets forth the reimbursement policies for all professional providers. This rule is being amended to add new codes, delete obsolete codes, and revise any definitional changes necessitated by changes in the 2006 American Medical Association in its 2006 Current Procedural Terminology (CPT) book and the 2006 Healthcare Procedure Coding System (HCPCS) book. It is also being amended to implement the 2006 Clinical Laboratory fee schedule. Some of the coding changes require amendments to existing policy on coverage. The rule includes a paragraph that clarifies Medicaid providers may collect from Medicaid consumers co-payments for Medicare Drug (part D) services. In addition to these changes, effective for 4/1/06, price revisions were made to the following codes including but not limited to 61682, 90710, 90712, 90714, and 90715. In addition, approximately 30 local level Y codes for DME services that are not HIPAA-compliant are being deleted and replaced with a new code if a new code is available. While there is an estimated increase in payments for physician services of \$1.9 million for a 12-month period, there is an estimated decrease in payments of approximately \$1.9 million for DME/Supply services for the same period. Therefore, the estimated fiscal impact for all services reflected in this rule is \$0.00.

Rule 5101:3-4-06, entitled Physician visits, outlines coverage provisions for all visit services. It is being amended to incorporate coding changes instituted by the American Medical Association in its 2006 Current Procedural Terminology book. Changes include additional amendments for

grammatical changes and added statements for clarification. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-07, entitled Family planning services, outlines coverage provisions for family planning services provided by providers of Medicaid services. It is being amended to incorporate coding changes instituted by the American Medical Association in its 2006 Current Procedural Terminology book and to include updates to the rule recommended by the Ohio Department of Public Health. Changes include new language about scope of practice, the addition of testing for sexually transmitted infections, and clarification about reimbursement. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-12, entitled Immunizations, outlines coverage provisions for immunization services. It is being amended to incorporate coding changes instituted by the American Medical Association in its 2006 Current Procedural Terminology book. Effective for dates of services on and after 4/1/06 additional changes were made to the rule to include recommendations from the Ohio Department of Public Health on vaccines that should be made available to children and/or adults. The additional changes include codes that will be added to the Vaccines for Children program: 1) 90633 Hepatitis A, 2 dose schedule, 2) 90634 Hepatitis A, 3 dose schedule, 3) 90660 intranasal influenza, and 4) 90710, measles, mumps, rubella, and varicella vaccine. Code 90714, preservative free tetanus diphtheria toxoids, and 90715 have been added to the list of covered immunizations for adults. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-17, entitled Gastroenterology, otorhinolaryngology, endocrinology, neurology, and special dermatology services, outlines coverage provisions for these services provided by physician providers of Medicaid services. It is being amended to incorporate coding changes instituted by the American Medical Association in its 2006 Current Procedural Terminology book. Changes include new guidelines for billing psychology and neurology testing, clarification for billing glucose monitoring, and the addition of new codes for aural rehabilitation. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-25, entitled Laboratory and radiology services, outlines coverage provisions for these service and procedures provided by providers of Medicaid services. It is being amended to incorporate coding changes instituted by the American Medical Association in its 2006 Current Procedural Terminology book. Changes include updating dates within the rule and the addition of language stating where providers can find reimbursement information. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-28, entitled Non-covered services, outlines services and procedures that are not covered by the Department. It is being amended to incorporate coding changes instituted by the American Medical Association in its 2006 Current Procedural Terminology book. Changes include the addition of several codes for gastric restrictive procedures. These codes are for the treatment of obesity and therefore will not be covered. The Department estimates that there is no fiscal impact resulting from these changes.

A copy of the proposed rules are available, without charge, to any person affected by the rules at the address listed below. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/> and at the county departments of job and family services. A public hearing on the proposed rules will be held at the date, time, and location listed at the top of this notice. Either written or oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Job and Family Services, Office of Legal Services, 30 East Broad Street, 31st floor, Columbus, Ohio 43215-3434, by fax at (614) 752-8298, or by email at legal@odjfs.state.oh.us. Comments received may be reviewed at this address.