

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

Date: February 15, 2008

Time: 1:30 p.m.

Location: Room 2925, State Office Tower, 30 East Broad St. Columbus OH 43215

Pursuant to section 5111.02 and Chapter 119. of the Ohio Revised Code and 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.

Rule 5101:3-1-60, entitled "Medicaid reimbursement," sets forth the reimbursement policies for all professional Medicaid providers. It is being amended to incorporate policy changes resulting from the changes in codes in the 2008 Healthcare Common Procedure Coding System (HCPCS) and the Current Procedure Terminology (CPT) manuals. Appendix DD of this rule has been updated to list all of the new 2008 HCPCS codes and reflects whether Ohio Medicaid will be covering these new codes. This appendix will also list the Medicaid maximum for each covered service. HCPCS codes that were discontinued by the American Medical Association were also discontinued from this appendix. In addition, the Medicaid maximum amounts for drugs administered other than through an oral method have been updated using the most recent Average Sales Price (ASP) list released by the Centers for Medicare and Medicaid Services (CMS). The Department estimates that its expenditures will increase by \$58,522.00 on an annual basis as a result of these changes.

Rule 5101:3-4-06, entitled "Physician visits," outlines coverage provisions for all physician visits. It is being amended to incorporate policy changes resulting from the changes in codes in the 2008 Healthcare Common Procedure Coding System (HCPCS) and the Current Procedure Terminology (CPT) manuals. Paragraph (H) of this rule has been added to include the new physician visit code for initial hospital care for the evaluation and management of a neonate, twenty eight days or less. This service requires intensive observation, frequent interventions, and other intensive care services. Providers must bill CPT code 99477 to report the initial hospital care for the evaluation and management of a neonate, twenty eight days or less, that requires intensive observation, frequent interventions, and other intensive care services. This code is a global twenty-four hour code and is billed on the first day of care per hospital admission. CPT code 99477 will not be reimbursed when billed on the same date of service with CPT codes 99221 through 99223, 99295, and 99431. Subsequent inpatient hospital intensive care services provided to neonates are reported following CPT guidelines under the subsequent inpatient neonatal critical care code. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-09, entitled "Office incentive program," outlines an incentive program for physicians and clinics to perform certain services and procedures in office or clinic

settings instead of hospital settings. It is being amended to incorporate policy changes resulting from the changes in codes in the 2008 Healthcare Common Procedure Coding System (HCPCS) and the Current Procedure Terminology (CPT) manuals. The appendix to this rule has been updated to remove any CPT codes from this appendix that were discontinued by the American Medical Association (AMA). The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-13, entitled "Therapeutic injections (including trigger point injections) and prescribed drugs," outlines coverage provisions for these procedures. It is being amended to incorporate policy changes resulting from the changes in codes in the 2008 Healthcare Common Procedure Coding System (HCPCS) and the Current Procedure Terminology (CPT) manuals. The changes to this rule include expanding the CPT code range for therapeutic, prophylactic, or diagnostic injections to 90765 to 90779. In paragraph (A) (3) (v) deleting miscellaneous CPT code 90799 because this code is no longer a valid code and replacing this code with miscellaneous CPT code 90779. The paragraph addressing limitations of coverage for trigger point injections has been updated to include the fact that a physician visit for a patient will not be separately reimbursed when performed on the same date of service as trigger point injection procedures. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-17, entitled "Gastroenterology, otorhinolaryngology, endocrinology, neurology, photodynamic therapy, and special dermatology services," outlines coverage provisions for these services. It is being amended to incorporate policy changes resulting from the changes in codes in the 2008 Healthcare Common Procedure Coding System (HCPCS) and the Current Procedural Terminology (CPT) manuals. The amendment to this rule is the addition in paragraph (C) (1) to include the procedure for an electronic analysis of an implanted neurostimulator pulse generator system, gastric neurostimulator pulse generator/transmitter, initial or subsequent to the list of procedures that are considered professional services and are covered physician services regardless of setting. The Department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-22, entitled "Surgical services," outlines coverage provisions for surgical services performed by physicians. It is being amended to incorporate policy changes resulting from the changes in codes in the 2008 Healthcare Common Procedure Coding System (HCPCS) and the Current Procedural Terminology (CPT) manuals. Changes include updating appendix A and appendix B to the surgery rule to add new 2008 CPT surgery codes where pricing deductions for bilateral surgery, multiple surgery, or assistant at surgery apply. Codes discontinued by the AMA are listed at the bottom of appendix B and are no longer valid for claims with a date of service on or after January 1, 2008. The Department estimates that there is no fiscal impact resulting from these changes.

Copies of the proposed rules are available, without charge, to any person affected by the rules at the address listed below and at the county departments of job and family services.

The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. 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 rules@odjfs.state.oh.us. Comments may be reviewed at this address.