

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

**DATE: February 17, 2009**

**TIME: 9:00 AM**

**LOCATION: Room 2925, Rhodes State Office Tower, 30 East Broad Street, Columbus, Ohio 43215**

Pursuant to section 5111.02 and Chapter 119. of the Ohio Revised Code (ORC), the director of the Ohio Department of Job and Family Services gives notice of the department's intent to consider the amendment of the rules identified below and of a public hearing thereon.

These rules are being proposed for amendment to announce the adoption of the 2009 Healthcare Common Procedure Coding System (HCPCS) and 2009 Current Procedure Terminology (CPT) codes effective January 1, 2009, in order to maintain consistency with industry standards, which the Ohio Department of Job and Family Services is required to do under the Health Insurance Portability and Accountability Act (HIPAA), pursuant to 45 CFR 162.1000 and 45 CFR 162.1002.

Rule 5101:3-1-19.3, entitled "General claim submission [except for services provided to consumers who are members of a Medicaid managed care program]," sets forth criteria for submitting claims to Ohio Medicaid. Changes include updating the references to HCPCS texts published by the American Medical Association. References to "Health Care Common Procedure Coding System HCPCS 2007" (1/07 edition) and the "Health Care Common Procedure Coding System HCPCS 2008" (1/08 edition) are replaced with references to "Health Care Common Procedure Coding System HCPCS 2008" (1/08 edition) and "Health Care Common Procedure Coding System HCPCS 2009" (1/09 edition), respectively. The codes found in the replacement references are effective for dates of service January 1, 2008 through December 31, 2008, and for dates of services January 1, 2009 through December 31, 2009, respectively. The department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-06, entitled "Physician visits," defines what constitutes a physician visit and sets forth criteria for submitting claims to Medicaid. Changes include updating the references to HCPCS codes to reflect those in the "Health Care Common Procedure Coding System HCPCS 2009" (1/09 edition) published by the American Medical Association. References to the "Health Care Common Procedure Coding System HCPCS 2008" (1/08 edition) are replaced with references to "Health Care Common Procedure Coding System HCPCS 2009" (1/09 edition). The codes found in the replacement references are effective for dates of service January 1, 2009 through December 31, 2009. The department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-06.1, entitled "Physician attendance during patient transport," sets forth the services covered and claims submission criteria for physician attendance during

transport. Changes are limited to updating the references to HCPCS codes to reflect those in the "Health Care Common Procedure Coding System HCPCS 2009" (1/09 edition) published by the American Medical Association. References to the "Health Care Common Procedure Coding System HCPCS 2008" (1/08 edition) are replaced with references to "Health Care Common Procedure Coding System HCPCS 2009" (1/09 edition). The codes found in the replacement references are effective for dates of services January 1, 2009 through December 31, 2009. 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," sets forth coverage provisions for these services provided by physician providers of Medicaid services. Changes include the addition of new HCPCS codes. The department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-14, entitled "Dialysis," sets forth the conditions of Medicaid coverage of physician professional services associated with the medical management of end-stage renal disease patients. Changes include the addition of new HCPCS codes and the deletion of obsolete HCPCS codes. 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," addresses Medicaid's coverage of gastroenterology, otorhinolaryngology, endocrinology, neurology, photodynamic therapy and special dermatology services. The change is limited to the deletion of an obsolete HCPCS code and the correction of grammatical and spelling errors. The department estimates that there is no fiscal impact resulting from these changes.

Rule 5101:3-4-22, entitled "Surgical services," sets forth coverage provisions for these services provided by physician providers of Medicaid services. Changes include the addition of new HCPCS codes, deletion of obsolete HCPCS codes, revision of definitions, revision of appendix A of this rule, and rescission and enactment of appendix B of this rule. The department estimates that there is no fiscal impact resulting from these changes.

A copy of the proposed rules is 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/>. 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, 31<sup>st</sup> Floor, Columbus, Ohio 43215-3414, by fax at (614) 752-8298, or by e-mail at [rules@jfs.ohio.gov](mailto:rules@jfs.ohio.gov).