

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

**DATE:** August 18, 2016  
**TIME:** 11:00 AM  
**LOCATION:** Lazarus Building, Room A501  
50 W. Town St., Columbus, Ohio 43215-3414

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid (department) gives notice of the department's intent to adopt, amend, or rescind Ohio Administrative Code (OAC) rule 5160-2-21 and of a public hearing thereon. The rule is being amended to modify provisions relating to the reimbursement of outpatient hospital services under the Ohio Medicaid program. These modifications result from recommendations by stakeholders regarding coverage and reimbursement rates of services as well as by the department to clarify established policies.

OAC rule 5160-2-21, entitled Reimbursement for services provided in an outpatient hospital setting, is being proposed for amendment in order to reflect the annual Healthcare Common Procedure Coding System (HCPCS) update, which includes updating Current Procedural Terminology (CPT) codes, and pursuant to five year rule review. This rule sets forth policies and payment rates for outpatient services delivered by hospitals that are subject to prospective payment based on diagnosis related groups (DRGs).

The amendments to this rule include:

1. Delete references in the independently billed language that allowed for additional payments for IV therapy CPT codes. These codes are not available with independently billed services;
2. Delete references to revenue center code (RCC) 0636 submitted without a HCPCS code, because coding guidelines require a HCPCS code with RCC 0636;
3. Correct a typographical error in the emergency room claim payment provision that referenced RCC 066 instead of 0636;
4. Clarify language regarding hospital classifications, national drug code reporting, reimbursement for multiple surgeries, and reimbursement for laboratory services, for better understanding for providers;
5. Update language regarding radiology services to add a reference to services that constitute additional payments in order to be consistent with the provisions for other services;
6. Remove coverage for some injection CPT codes as there are equivalent covered HCPCS J-codes;
7. Remove coverage for non-provider-administered pharmaceutical HCPCS Q-codes as they should not be included and add coverage for provider-administered pharmaceutical HCPCS Q-codes that were previously not included;
8. Create a list of covered Q-codes in the outpatient hospital setting for provider convenience;

9. Add coverage to a sleep study code and two selective catheter placement add-on codes and update reimbursement rates for a few radiology codes as a result of stakeholder requests;
10. Add prior authorization requirements on hysterectomy-related CPT codes, which is a technical correction, so that all hysterectomy-related CPT codes will require prior authorization rather than some hysterectomy-related CPT codes that currently require prior authorization;
11. Add covered immune globulins, serum, and recombinant products CPT codes to be reimbursable when submitted with RCCs 025X and 0636;
12. Update the appendices to the rule to reflect the annual update of the HCPCS and CPT codes that were implemented on 1/1/2016;
13. Update language generally to simplify language and references and to improve readability and understanding. The general updates also include an update to a previously incorrect paragraph reference.

These changes would take effect on October 1, 2016.

A copy of the proposed rule is available, without charge, to any person affected by the rule at the address listed below. The rule is also available on the internet at <http://www.registerofohio.state.oh.us/>. A public hearing on the proposed rule will be held at the date, time, and location listed at the top of this notice. Both written and 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 rule and testimony on the rule should be submitted by mail to the Ohio Department of Medicaid Rule Administrator, Office of Chief Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at [Rules@Medicaid.Ohio.gov](mailto:Rules@Medicaid.Ohio.gov). Testimony received may be reviewed at this address.