

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: November 13, 2017  
TIME: 11:00 a.m.  
LOCATION: Room A501, Lazarus Government Center  
50 West Town Street, Columbus, OH 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid gives notice of the Department's intent to consider the rescission and adoption of the rules identified below and to hold a public hearing on these rules.

Rule 5160-1-60, "Medicaid Payment," sets forth payment policies for services furnished by many professional, non-institutional providers. The proposed amendments will change Medicaid payment for Ambulatory Surgery Centers (ASCs). Rates for ASCs will no longer be maintained in this rule. Effective August 1, 2017, the rate methodology for ASCs has been moved to OAC rule 5160-22-01, "Ambulatory Surgery Center (ASC) services: provider eligibility, coverage, and reimbursement," which contains the applicable rates for this provider type for services delivered on or after this date. ASC rates before this date will be kept in rule 5160-1-60 to allow providers to submit claims for services rendered prior to August 1, 2017. Another change to this rule is the removal of Medicaid payment rates for Community Mental Health Centers (CMHCs). CMHCs have their own set of OAC rules and their own rate methodology for the payment of services provided in these settings; therefore, this rule is no longer applicable to CMHCs enrolled in the Medicaid program. The appendix to this rule has been amended to incorporate the following changes:

Medicaid payment for radiology and imaging services will be reduced by five percent beginning on the effective date of this rule.

Medicaid payment for neonatal and newborn care services will be increased to seventy-five percent of the Ohio Medicare allowed amount.

The 2017 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding updates are incorporated into this appendix. New codes are added, obsolete codes are marked as discontinued, and Medicaid maximum amounts are established for new codes. These codes were published on a separate table and were effective January 1, 2017.

Rule 5160-11-09, "Laboratory-related services: claim payment," sets forth payment policies for laboratory-related services. Proposed amendments to this rule will reduce Medicaid payment for clinical laboratory, molecular pathology, and pathology services by five percent beginning on the effective date of this rule. Medicaid payment for these services will be further reduced to seventy-five percent of the applicable Medicare allowed amount.

A public hearing on the proposed rules 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.

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

Ohio Department of Medicaid, Office of Legal Counsel, 50 West Town Street, Suite 400, Columbus, Ohio 43215; or

On the internet at <http://www.registerofohio.state.oh.us>.

Testimony on the proposed rules may also be reviewed at the Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215.

Requests for a copy of the proposed rules or a copy of testimony on the rules should be submitted in any of the following ways:

By mail to the Rule Administrator, Office of Chief Legal Counsel, Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215;

By fax to (614) 995-1301; or

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