

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: November 16, 2020

TIME: 11:00 a.m.

TELECONFERENCE PHONE NUMBER: 614-721-2972

TELECONFERENCE PIN: 908569930#

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

Coverage and payment policy for laboratory, portable X-ray supplier, and independent diagnostic testing facility (IDTF) services is set forth in six existing rules located in Chapter 5160-11 of the Ohio Administrative Code:

5160-11-01, "Laboratory-related services: definitions and explanations"

5160-11-02, "Laboratory-related services: general provisions"

5160-11-03.1, "Laboratory-related services: provisions specific to laboratory procedures"

5160-11-03.2, "Laboratory-related services: provisions specific to portable X-ray services"

5160-11-03.3, "Laboratory-related services: provisions specific to independent diagnostic testing facility (IDTF) services"

5160-11-09, "Laboratory-related services: claim payment"

These six rules will be rescinded and their provisions incorporated into three new rules:

5160-11-11, "Laboratory services"

5160-11-21, "Portable x-ray supplier services"

5160-11-31, "Independent diagnostic testing facility (IDTF) services"

Most of the revisions embodied in the new rules involve improvements in the organization of the chapter, restructuring of the individual rules, updating of references, and clarification of phrasing. A few specific revisions are worth noting:

- In recognition of the expanding roles of many healthcare professionals, the term 'physician' has generally been replaced with 'practitioner'. 'Physician pathology procedure' has been replaced with 'pathology procedure'.
- The range of forms a written order may take has been expanded to include handwriting, typed text, electronic transmission, or any other legally recognized format.
- A new provision has been added that imposes frequency limits on urine drug screening. For presumptive screens, payment may be made for 30 dates of service per benefit year; for definitive tests, 12 dates of service per benefit year. These limits may be exceeded with prior authorization:
- A change in the payment structure for laboratory services was implemented on January 1, 2018. This date, now past, has been struck.
- Medicare enrollment requirements for portable X-ray suppliers and IDTFs have been removed because such requirements will be addressed instead in OAC rule 5160-1-17.

The Laboratory Services payment schedule, available at <https://medicaid.ohio.gov/Provider/FeeScheduleandRates/SchedulesandRates#1682576-laboratory-services>, will be updated to incorporate the following changes:

- The Ohio Department of Medicaid (ODM) will stop using the CPT codes maintained by the American Medical Association (AMA) for the reporting of definitive drug tests and will adopt instead the HCPCS codes maintained by the Centers for Medicare and Medicaid Services (CMS). In all cases, definitive testing should be performed only for drugs or drug classes that are likely to be present, as indicated by (1) the patient's medical history, (2) the patient's current clinical presentation, and (3) current patterns of use and abuse in the general population. It is neither medically necessary nor reasonable to test routinely for substances (licit or illicit) not meeting these criteria.
- Maximum payment amounts will be established for laboratory procedures newly adopted in 2020.
- Existing maximum payment amounts that exceed a certain percentage of the corresponding Medicare Clinical Laboratory Fee Schedule amounts will be reduced.
- Coverage will be established for some proprietary laboratory analysis procedures.

Pursuant to Section 12 of Am. Sub. H. B. No. 197, ODM will hold the public hearing for this rule package via teleconference. The date, time, phone number, and PIN (access code) this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov) no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but do not yet appear on the witness list.

Written comments submitted by e-mail, postal mail, or fax that are received or postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information (PHI) be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent by e-mail is highly recommended. All persons who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of these rules is available to any person, without charge, at the following locations:  
Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215 or  
On the internet at <http://www.registerofohio.state.oh.us>.

Comments on the rules and requests for a copy of the rules may 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).

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