

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: MAY 17, 2021  
TIME: 11:00 A.M.  
TELECONFERENCE PHONE NUMBER: 614-721-2972  
TELECONFERENCE PIN: 638 783 573#  
LINK TO MICROSOFT TEAMS  
MEETING FOR HEARING: [Click here to join the meeting.](#)

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.

Rule 5160-10-01 sets forth overarching coverage and payment policy for durable medical equipment, prostheses, orthotics, and supplies (DMEPOS). The schedule of maximum payment amounts for most DMEPOS items and services is published as Appendix A to the rule. (Maximum payment amounts for oxygen and for wheelchairs are published separately.) A statement allowing the use of a certificate of medical necessity (CMN) as a prescription has been removed. Definitions of "coverage" and "frequency limit" have been added. Several points have been clarified, including the function of a payment schedule, the authority to determine coverage, the necessity of a prescription, the publication of new or newly adopted procedure codes, and the use of "miscellaneous" procedure codes. The appendix to the rule has been updated.

New rule 5160-10-06, "DMEPOS: wearable cardioverter-defibrillators," sets forth coverage and payment policies for wearable cardioverter-defibrillators (defibrillator vests).

New rule 5160-10-07, "DMEPOS: bathing seats," sets forth coverage and payment policies for basic, intermediate, and complex bath/shower chairs and benches.

Rule 5160-10-10, "DMEPOS: home dialysis equipment and supplies," sets forth coverage and payment policies for home dialysis equipment and related supplies provided by a durable medical equipment (DME) supplier. This rule is being rescinded. The payment arrangement it describes, which is often referred to by the Medicare term "Method II," has been discontinued by Medicare.

Rule 5160-10-13, "DMEPOS: oxygen," sets forth coverage and payment policies for oxygen. The appendix to the rule has been updated, the outline numbering of one paragraph has been corrected, and the revision date of the associated certificate of medical necessity (CMN) has been changed.

Rule 5160-10-16, "DMEPOS: wheelchairs," sets forth coverage and payment policies for wheelchairs, related accessories, seating options, and wheelchair rental. The revision date of the associated CMN has been changed.

Rule 5160-10-19, "DMEPOS: positive airway pressure devices," sets forth coverage and payment policies for positive airway pressure (PAP) devices. The text of the rule has been streamlined; for example, an unnecessary specification of the duration of the diagnostic component of a sleep study has been removed. Coverage provisions have been extended to include not only obstructive sleep apnea but also other conditions for which positive airway

pressure is an appropriate treatment. A provision has been added that allows payment for a respiratory study performed with a PAP device that records relevant data automatically. The revision date of the associated CMN has been changed.

Rule 5160-10-22, "DMEPOS: ventilators," sets forth coverage and payment policies for ventilators. Provisions of the rule have been extended to cover multi-function ventilators. The revision date of the associated CMN has been changed.

Rule 5160-10-29, "DMEPOS: insulin pumps," sets forth coverage and payment policies for insulin pumps. Provisions of the rule have been extended to cover the use of a pump to treat insulin-dependent type 2 diabetes mellitus. The revision date of the associated CMN has been changed.

Pursuant to Am. Sub. H. B. 404 (133rd G. A.), which amends Section 12 of Am. Sub. H. B. 197 (133rd G. A.), ODM will hold the public hearing for these rules via teleconference. The date, time, phone number, PIN (access code), and online link for 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 electronic mail (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 whom 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.

Copies of these rules are 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>.

Requests for copies of the proposed rules or comments on the rules may be submitted in any of the following ways:

By mail to the Office of Chief Legal Counsel, Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215-3414;  
By fax to (614) 995-1301; or  
By e-mail to [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov).