

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: NOVEMBER 17, 2023

TIME: 11:00 A.M.

TELECONFERENCE PHONE NUMBER: 614-721-2972

TELECONFERENCE PIN: 584060440#

ONLINE MEETING LINK (MICROSOFT TEAMS): [Click here to join the meeting.](#)

IN-PERSON LOCATION: ROOM A501, LAZARUS GOVERNMENT CENTER  
50 WEST TOWN STREET  
COLUMBUS, OH 43215

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 5160-10-02, "DMEPOS: repair," sets forth coverage and payment policies for the repair of medical equipment other than wheelchairs (which is addressed separately in rule 5160-10-16). In one of the payment provisions, the expression '[for which] the department has paid' is replaced by the more accurate and less restrictive phrase '[for which] Medicaid payment has been made'. A statement is added that no separate payment will be made for the repair of an item no longer deemed to be medically necessary.

Rule 5160-10-08, "DMEPOS: high-frequency chest wall oscillation (HFCWO) devices" sets forth coverage and payment policies for HFCWO devices. The importance of a trial period is emphasized by the addition of the statement 'Payment will not be made for purchase without an initial trial period.'

Rule 5160-10-09, "DMEPOS: apnea monitors," sets forth coverage and payment policies for apnea monitors used in the home. Focus is shifted from the certificate of medical necessity (CMN) form to the criteria used to determine medical necessity. An unnecessarily redundant reference to a 'qualified licensed prescriber' is replaced by 'qualified prescriber'. The rule body is extensively reorganized; for the sake of readability, the existing rule is being rescinded and replaced with a new rule of the same number and tagline.

Rule 5160-10-11, "DMEPOS: hearing aids," sets forth coverage and payment policies for hearing aids. Provisions concerning follow-up visits, the acceptability of a delivered hearing aid, and claim payment are pared down considerably. A requirement that a provider keep certain documents on file is replaced by a statement that ODM may ask for the information at any time. The explicit exclusion of payment for hearing aids worn inside the ear canal is removed. The phrase 'the provider's usual and customary charge' is replaced by 'the amount the provider customarily charges the general public'.

Rule 5160-10-15, "DMEPOS: transcutaneous electrical nerve stimulators (TENS)," sets forth coverage and payment policies for TENS units. A requirement that a provider of TENS units have a physical location available for face-to-face fitting and instruction purposes is struck. Several provisions are relocated for the sake of clarity.

Rule 5160-10-17, "DMEPOS: pneumatic compression devices and accessories," sets forth coverage and payment policies for pneumatic compression devices. The phrase 'pneumatic compression device' is treated implicitly as a collective term for both compressors and appliances/accessories, so the words 'and accessories' in the tagline become redundant and are struck. Several provisions are rephrased or relocated for the sake of clarity. An explicit statement is made that the use of form ODM 02929 to document medical necessity is permitted but not obligatory. The revised payment provision omits reference to a trial period, but the payment policy itself is not changed.

Rule 5160-10-18, "DMEPOS: hospital beds, bed accessories, and pressure-reducing support surfaces and accessories," sets forth coverage and payment policies for hospital beds, bed accessories, and pressure-reducing support surfaces. A specific statement about the lack of a prior authorization requirement for certain items is struck.

Rule 5160-10-23, "DMEPOS: pulse oximeters," sets forth coverage and payment policies for pulse oximeters. No policy change is being made.

Rule 5160-10-24, "DMEPOS: speech generating devices," sets forth coverage and payment policies for speech-generating devices (SGDs). An unnecessary explanation concerning useful life is removed. Two entries are added to the list of items for which separate payment will not be made: (1) costs associated with a cell phone and (2) add-on features that have been integrated into the particular SGD under consideration.

Rule 5160-10-27, "DMEPOS: continuous passive motion (CPM) devices," sets forth coverage and payment policies for CPM devices. The clarifying statement 'No particular form or format is specified for the certification of medical necessity' is added.

Rule 5160-10-30, "DMEPOS: ambulation aids," sets forth coverage and payment policies for canes, crutches, and walkers. The clarifying statement 'No particular form or format is specified for the certification of medical necessity' is added.

Rule 5160-10-31, "DMEPOS: footwear and foot orthoses," sets forth coverage and payment policies for orthopedic shoes and for therapeutic footwear for individuals who have diabetes. The clarifying statement 'No particular form or format is specified for the certification of medical necessity' is added. For clarity, pedorthists, orthotists, and prosthetists are added to the list of prescribers of therapeutic footwear.

Rule 5160-10-32, "DMEPOS: ostomy supplies and urological supplies," sets forth coverage and payment policies for stoma maintenance supplies and urination aids. Coverage of sterile intermittent catheters and supplies is clarified. Mention of frequency limits is removed from the rule text; frequency limits are specified in the appendix to OAC rule 5160-10-01. The clarifying statement 'No particular form or format is specified for the certification of medical necessity' is added.

Rule 5160-10-33, "DMEPOS: commodes," sets forth coverage and payment policies for commodes (toilet chairs). Because its provisions are no longer needed, the rule is being rescinded.

Rule 5160-10-34, "DMEPOS: wound dressings and related supplies," sets forth coverage and payment policies for wound dressings (covers and fillers) and related supplies (e.g., tape, elastic bandages). The clarifying statement 'No particular form or format is specified for the certification of medical necessity' is added. No change is being made in the appendix to the rule.

Rule 5160-10-35, "DMEPOS: cranial remolding devices," sets forth coverage and payment policies for orthotic devices (helmets) designed for the progressive reshaping of the developing skull structure of a young child. The clarifying statement 'No particular form or format is specified for the certification of medical necessity' is added.

ODM will hold the public hearing for this rule package via teleconference and in person. ODM will not require protective masks for individuals attending in person. However, visitors are welcome to wear masks if they prefer to do so.

The date and time for the public hearing are listed at the top of this Notice as well as the phone number, PIN (access code), link for teleconference attendance, and location for in-person attendance.

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. Those attending in person can be added to the witness list at the hearing. There will be a final call at 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.

A copy of the proposed rule 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>.

Requests for a copy of the rule, as well as comments on the rule, 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).

The Ohio Department of Medicaid is committed to facilitating access, promoting inclusion, and providing reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in a certain format (large print, audio, accessible electronic format, other format), or a reasonable accommodation because of a disability, please contact ODM's Civil Rights/ADA Coordinator:

Phone: 614-995-9981 Voice / 711 TTY

Fax: 614-644-1434

E-mail: [ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov)

Requests should be made no later than three business days prior to the scheduled hearing.

If you believe that ODM has failed to provide these services or has discriminated in another way, you can file a grievance with ODM's Civil Rights/ADA Coordinator, a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, or both. Further information about these processes and ODM's compliance with civil rights laws and other applicable laws is available on the ODM website at *Notice of Nondiscrimination*.