

**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 5160-10-01 of the Ohio Administrative Code (OAC) 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 an appendix to the rule.

As a result of systematic review carried out in accordance with Section 106.03 of the Ohio Revised Code, rule 5160 10 01 is being rescinded and replaced with new text bearing the same rule number and tagline. Many of the changes made stem from efforts to minimize the number of items and services for which prior authorization (PA) is needed; others are being made in response to requests from individual providers, from the DME provider association, or from Medicaid managed care organizations (MCOs).

- Maximum payment amounts are increased in accordance with provisions of H.B. 33 (135th G.A.). These increases are reflected in the appendix to OAC rule 5160-10-01, which serves as a payment schedule.
- Several other significant changes are made in the appendix to OAC rule 5160-10-01.
  - More than 50 DMEPOS items are transferred from the temporary CPT and HCPCS Level II Procedure Code Changes table.
  - Frequency limits are adjusted for several DMEPOS items. For certain ostomy items in particular, the quantity per period is increased.
  - The PA status for certain items is brought into alignment.
  - Two other documents are incorporated: the appendix to OAC rule 5160-10-13 and the published schedule that represents the payment policy set forth in OAC rule 5160-10-16.
  - A list is added of "atypical" items that are not covered routinely but may be covered with PA.

- Changes are made in the body of OAC rule 5160-10-01 to clarify coverage and payment policy.
  - The entire text is restructured.
  - The definition and accompanying description of the term 'certificate of medical necessity (CMN)' are revised.
  - Definitions of the terms 'date of service', 'medical supplies', 'prior authorization (PA)', and 'starting date for dispensing' are added.
  - A statement is added that the validity period of a prescription is assumed to be one year.
  - The description 'custom or specialized' is dropped from the list of characteristics that always subject a DMEPOS item to PA.
  - The terms 'medical practitioner' and 'medical practitioner's office' are replaced by 'healthcare practitioner' and 'appropriate healthcare setting' respectively.
  - Provisions involving CMNs, prescriptions, PA, requests for need verification, and information to be kept on file are streamlined and gathered into a single documentation section.
  - An arithmetical formula is specified for establishing payment amounts for enteral nutrition products for which payment is determined through PA.

In addition, several improvements have been made to form ODM 01913, which is referenced in the body of the rule.

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 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>.

Requests for a copy of the rules, as well as testimony on 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).

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 at least three business days before the scheduled hearing.

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*.