

Hearing Date: 9/12/2022

Today's Date: 9/22/2022

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-8-11

---

If no comments at the hearing, please check the box. ☐

---

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Dr. Brandy Spaulding, Ohio State Chiropractic Association, Rule 5160-8-11
2. Dr. Aaron McMichael, Rule 5160-8-11
3. Dr. Matthew Gajkowski, Northeast Ohio Academy of Chiropractic, Rule 5160-8-11
4. Click here to enter text.
5. Click here to enter text.
6. Click here to enter text.
7. Click here to enter text.
8. Click here to enter text.
9. Click here to enter text.
10. Click here to enter text.
11. Click here to enter text.
12. Click here to enter text.
13. Click here to enter text.
14. Click here to enter text.
15. Click here to enter text.
16. Click here to enter text.

## Hearing Report and Summary

### **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

The Ohio Department of Medicaid (ODM) received written testimony from three individuals/organizations on rule 5160-8-11. Written testimony included disagreement on the scope of E/M coverage, the visit limit, and the lack of a medical review process to exceed the visit limit. Commenters also disagreed on the fiscal estimate and pointed out the value that chiropractors bring to the healthcare system.

## Hearing Report and Summary

### **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

ODM reviewed internally all comments received during the public hearing. The comments received were a disagreement on the visit limit per year (four), commenters requested additional higher level E/Ms be covered and paid (similar to other types of practitioner such as MDs), commenters stated ODM misunderstood the intent of the bill on Prior Authorization and requested that ODM have some sort of process in place for chiropractors to be able to exceed limits and another topic was directed at ODM's fiscal estimate.

Since this legislative mandate was not funded and prior authorization cannot be used, this is one of the few ways to contain costs in the implementation of the new coverage in this rule so ODM opted to keep the visit limit at 4.

In reviewing the various evaluation and management (E/M) service codes, the consensus was that it would not be clinically appropriate to include coverage of CPT codes 99204 and 99214 under this rule to be consistent with the "practice of chiropractic" described in ORC Chapter 4734 and existing standards of practice across other provider types.

Since House Bill 136 did not allow for prior authorization, ODM is not able to exceed the base level of services and cannot allow another type of medical review or other process that would allow limits to be routinely exceeded. There is an exception when needed in accordance with the federal law pertaining to Early and Periodic Screening, Diagnostic and Treatment (EPSDT), as described in OAC rule 5160-1-14. Therefore no changes were incorporated regarding this comment.

ODM reviewed the fiscal estimate and determined there was an error with the initial calculation. The rule was revised in order for the fiscal estimate to be accurately reported in the rule summary fiscal analysis (RSFA).

|  |
|--|
|  |
|--|