

**MEMORANDUM**

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Sophia Papadimos, Regulatory Policy Assistant

DATE: March 17, 2015

RE: **CSI Review – Surgical Services (OAC 5160-4-22)**

On behalf of Lt. Governor Mary Taylor, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

This rule package consists of one amended¹ rule being proposed by the Ohio Department of Medicaid (ODM). The rule package was submitted to the CSI Office on February 12, 2015 and the public comment period was held open through February 19, 2015. No comments were received during this time.

Ohio Administrative Code (OAC) 5160-4-22 sets forth provisions for coverage of and payment for surgical services performed outside of a hospital setting. Changes being made to OAC 5160-4-22 include the removal of the appendix, which included four groups of surgical procedures (multiple procedures; bilateral procedures; assistant-at-surgery procedures; and procedures performed on fingers, toes, eyelids, or coronary arteries) whose characteristics may affect how they are reported on a claim and how payment for them is made. In place of the appendix, a provision is added in the amended rule stating that ODM follows Medicare policies concerning

¹ This rule is being amended by more than 50 percent. Therefore, the Legislative Service Commission requires that the existing rule be rescinded and replaced by a new rule that has the same rule number.

these procedures. Also, a restriction that disallowed payment for an assistant-at-surgery procedure performed by someone other than a physician is being removed. Surgical treatment of obesity is now a covered procedure that requires prior authorization.

According to ODM, the adverse impact of the proposed rule is the time to fill out paperwork for prior authorization procedures. ODM estimated the paperwork will take approximately 15 minutes. No comments were received that the requirements are overly burdensome. Therefore, after reviewing the proposed rule and associated BIA, the CSI Office has determined the purpose of the rule is justified.

Recommendation

For the reasons explained above, this office does not have any recommendations regarding this rule package.

Conclusion

Based on the above comments, the CSI Office concludes that the Ohio Department of Medicaid should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.