

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: MARCH 1, 2024  
TIME: 11:00 A.M.  
TELECONFERENCE PHONE NUMBER: 614-721-2972  
TELECONFERENCE PIN: 223674276#  
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.

As a result of systematic review conducted pursuant to section 106.03 of the Ohio Revised Code, a number of changes have been made to the rules in Chapter 5160-10 of the Ohio Administrative Code, mostly for the purpose of clarification. In particular, the six terms specified in Am. Sub. H. B. 166 (133rd G.A.) as causing a rule to be deemed to contain regulatory restrictions—'shall', 'shall not', 'must', 'may not', forms of 'require', and forms of 'prohibit'—have been removed, and the passages in which they appear have been recast. The certificate of medical necessity (CMN) associated with each rule has been updated.

Rule 5160-10-07, "DMEPOS: bathing seats," sets forth coverage and payment policies for basic, intermediate, and complex bath/shower chairs and benches. The applicable CMN is form ODM 10274. A statement making prior authorization (PA) dependent on a face-to-face evaluation has been relocated. A statement that may appear to make a CMN necessary for all bathing seats has been removed. A new section addressing intermediate assisted multi-position beach style bathing chairs has been added.

Rule 5160-10-14, "DMEPOS: compression garments," sets forth coverage and payment policies for compression garments. The associated CMN is form ODM 01905. A provision that may appear to dictate a provider's employment practices has been removed.

Rule 5160-10-21, "DMEPOS: incontinence garments and related supplies," sets forth coverage and payment policies for incontinence garments and related supplies. The associated CMN is form ODM 02912. The tagline is changed to "DMEPOS: incontinence garments and incontinence supplies." Several provisions are rephrased or relocated for the sake of clarity. An explicit statement is added that prior authorization is needed for quantities of garments that exceed the indicated limit. A statement is added to make explicit that similar types of incontinence garments (e.g., briefs/diapers and underwear/pull-ons) may be dispensed together without prior authorization if the aggregate quantity does not exceed the prescribed quantity or indicated limit for any of the individual items. A highly detailed documentation requirement is replaced by a statement of expectation that a provider will verify and document an individual's current need before dispensing additional items followed by a statement that Medicaid payment for excessive quantities of items is subject to recovery.

Rule 5160-10-26, "DMEPOS: nutrition products," sets forth coverage and payment policies for enteral and parenteral nutrition products and the provision of donor human milk. The associated CMN is form ODM 01907. Coverage of donor human milk provided in a hospital setting and in a non-hospital setting is clarified.

Rule 5160-10-28, "DMEPOS: osteogenesis stimulators," sets forth coverage and payment policies for osteogenesis stimulators applied externally. The associated CMN is form ODM 07134. One of the coverage criteria for an ultrasonic osteogenesis stimulator is phrased more broadly to include any bone other than the skull or a vertebra rather than specifically a long bone. The words 'possible' and 'non-exhaustive' are added to clarify that the listed contraindications do not necessarily bar coverage absolutely nor are they all-encompassing. Two contraindications are removed from the list.

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*.