



## Department of Medicaid

**John R. Kasich**, Governor

**John B. McCarthy**, Director

### **Hospital Handbook Transmittal Letter (HHTL)**

**Published on 11/16/2015**

**TO: All Hospital Providers  
Directors, County Departments of Job and Family Services**

**FROM: John B. McCarthy, Director**

**SUBJECT: Hospital Billing Guidelines**

#### **Summary**

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to updates to the Office of Benefits Hospital Billing Guidelines. Updates are indicated by underlined language throughout the Hospital Billing Guidelines. The Hospital Billing Guidelines can be accessed through the Ohio Department of Medicaid website: [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov) > Resources > Publications > ODM Guidance > Provider Billing Instructions > ODM Hospital Billing Guidelines.

#### **New Changes for 11/1/2015 Publication**

- Effective 7/1/2015, ODM will no longer publish transmittal letters or utilize eManuals. (Refer to Section 1)
- 2016 NUBC updates (Refer to Section 2)
  - Form locator 69 (Admitting Diagnosis Code) is now required on inpatient claims.
  - Form locator 70 a-c (Patient's Reason for Visit) is now required on outpatient claims.
- ICD-10 pre-certification list will NOT become effective for claims with date of discharge 1/1/2016. ODM will be reevaluating what procedures should require pre-certification and creating a new list of ICD-10 procedure codes over the next year. ODM will have a new list in place effective 1/1/2017. (Refer to Section 2.1.1)
- Pre-certification for medical and surgical services subject to pre-certification is not required if the patient is eligible for benefits through a third party insurance as the primary payer or if the patient is enrolled in an Ohio Medicaid managed care plan. (Refer to Section 2.1.1)
- New list of ICD-10 psychiatric diagnosis codes that require pre-certification for psychiatric admissions. (Refer to Section 2.1.1)
- For psychiatric admissions, pre-certification is required for all payers, unless Medicare is the primary payer. (Refer to Section 2.1.1)
- A recipient may not be billed for services that was denied for payment by ODM due

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to an untimely request for pre-certification or if an admission and/or procedure requiring pre-certification is not found to be medically necessary, unless the recipient chooses hospitalization or to have the medically unnecessary service and is notified in writing prior to the service being rendered that the provider will not bill ODM for the covered service and the recipient agrees to be liable for payment of the service and signs a written statement to that effect prior to the service being rendered. (Refer to Section 2.1.1)

- Ohio Medicaid covered services will be reimbursed when rendered by out-of-state providers if the provider location for the medically necessary service is in a bordering state. Prior authorization is required for services rendered in states non-contiguous to Ohio. (Refer to Section 2.1.2)
- New adjustment reason codes relating to utilization review. (Refer to Section 2.1.4)
- Updated OAC reference for ODM requirements regarding reimbursement of sterilization procedures. (Refer to Section 2.4.2)
- Updated language regarding co-payments. (Refer to Section 2.7)
- Reorganization of language regarding Medicare crossovers. (Refer to Section 2.9)
- If the hospital claim denies as a duplicate against the corresponding NF claim due to the overlapping date of service, the hospital should contact Provider Assistance at 1-800-686-1516. (Refer to Section 2.12.2)
- Clarification that payment for custom wheelchairs, medically necessary ambulette and ambulance transportation, and oxygen (except emergency oxygen) are not bundled into the nursing facility per diem rate. (Refer to Section 2.12.3)
- When submitting an outpatient hospital claim with multiple surgeries, the surgical procedure codes must be submitted on two separate detail lines on the claim. Modifier 50 is an accepted modifier on hospital claims, but it will not affect reimbursement of the procedure or the claim. (Refer to Section 2.14.1)
- Encounter for contraceptive management series updated to Z30 series in ICD-10-CM. (Section 2.15.2)
- Updated reference to Outpatient Hospital Services fee schedule. (Refer to Section 2.15.3)
- Special unlisted dental surgery pricing updated to reflect ICD-10 diagnosis codes. (Refer to Section 2.16)
- Effective January 1, 2016, ODM will implement the edit and coding methodologies of the National Correct Coding Initiative (NCCI). (Refer to Section 2.17)
- Early elective deliveries are not eligible for payment. (Refer to Section 2.18.1)
- ODM will require that all claims for a delivery procedure (mother's claim, not child's claim) with a date of service (outpatient and professional), or date of discharge (institutional) on or after October 1, 2015 contain the weeks of gestation ICD-10 diagnosis code. This billing requirement will be effective with the ICD-10 compliance date of 10/1/2015. (Refer to Section 2.18.2)
- When adjusting a claim, the code set originally used to submit the claim will be the code set used when adjusting the claim. (Refer to Section 2.19.1)
- ODM requires any ordering, referring or prescribing (ORP) providers to be screened and enrolled as participating providers with the Medicaid program. ODM cannot reimburse the eligible rendering provider for any healthcare service requiring a

referral, order, or prescription from a physician or other healthcare professional unless the ORP provider is enrolled with Ohio Medicaid. (Refer to Section 2.20)

- The age restriction for revenue center code 0770 and 0771 (preventive care services) was removed. (Refer to Appendix I)

### **Access to Rules and Related Material**

The main web page of the Ohio Department of Medicaid (ODM) includes links to valuable information about its services and programs; the address is <http://medicaid.ohio.gov/>.

Information about hospital payment policies may be accessed through the 'Provider Payment Policies & Relative Weight Tables' link on the Hospital Provider Information web page, <http://medicaid.ohio.gov/PROVIDERS/ProviderTypes/HospitalProviderInformation.aspx>

### **Additional Information**

Questions pertaining to this letter should be addressed to:

[hospital\\_policy@medicaid.ohio.gov](mailto:hospital_policy@medicaid.ohio.gov)

or

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