



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

Hospital Handbook Transmittal Letter (HHTL) 3352-16-07

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

FROM: John B. McCarthy, Director

**SUBJECT: Incorporation of 2016 HCPCS Updates and Policy Clarifications regarding
OAC Rule 5160-2-21**

Summary

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to the revisions to payment policies for hospital services.

Ohio Administrative Code (OAC) rule 5160-2-21, "Reimbursement for services provided in an outpatient hospital setting," has been amended to clarify established policies. In addition, the rule was updated to incorporate the 2016 Healthcare Common Procedure Coding System (HCPCS) updates, which includes updating Current Procedural Terminology (CPT) codes. The appendices to this rule were updated to reflect these changes in coverage and reimbursement rates. The effective date of these changes is October 1, 2016.

Rule Changes

Rule 5160-2-21, "Reimbursement for services provided in an outpatient hospital setting," describes the outpatient payment policies and rates for outpatient services delivered by hospitals that are subject to prospective payment based on diagnosis related groups.

Changes:

- Rule language in Paragraph (L) was revised to accurately describe the department's independently billed services policy.
- Rule language was added to Paragraph (A) to clarify hospital classifications as it pertains to reimbursement per the appendices to this rule.
- Rule language was revised in Paragraph (F) to clarify reimbursement for multiple surgeries.
- Rule language was added to Paragraph (K) to update reimbursement language for laboratory services, which pay in accordance with OAC rule 5160-11-09 at the same rate as Appendix DD to OAC rule 5160-1-60.
- Clarifying language was added in Paragraphs (F), (G), (H), (I), (J), (K), and (L) of the rule for improved readability.

- Deleted references to revenue center code (RCC) 0636 submitted without a HCPCS code, because coding guidelines require a HCPCS code with RCC 0636.
- Appendices C, F, and G were updated to incorporate the 2016 HCPCS updates listed in the “Outpatient Hospital Services CPT Code Changes for January 2016.”
- Appendix I to this rule was created to provide a list of covered Q-codes in the outpatient hospital setting.
- Prior authorization requirements were added to hysterectomy CPT codes 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58553, 58554, 58570, 58571, 58572, and 58573. This technical correction ensures that all hysterectomy-related CPT codes require prior authorization rather than some hysterectomy-related CPT codes that previously required prior authorization.
- Coverage to sleep study CPT code 95806 was added to Appendix F.
- Coverage to selective catheter placement CPT codes 36227 and 36228 was added to Appendix C.
- Coverage was removed from CPT codes 90384, 90385, 90386, 90291, 90371, and 90389. Providers should use the equivalent HCPCS J-code.
- Covered immune globulins, serum, and recombinant products CPT codes are reimbursable when submitted with RCCs 025X and 0636 beginning October 1, 2016.
- Coverage of vaccine/toxoid CPT codes (90476-90749) submitted with RCCs 025X and 0636 was added and backdated to an effective date of January 1, 2016.
- Reimbursement rates were updated for CPT codes 77520, 77522, 77523, and 77525 in Appendix G.

Access to Rules and Related Material

Stakeholders who want to receive notification when ODM original or final files a rule package may visit JCARR’s RuleWatch at www.rulewatchohio.gov where an account can be created to be notified of rule actions by rule number or department.

Stakeholders can subscribe to receive notification when a clearance or BIA is posted for public comment on the Ohio Business Gateway here:

<http://business.ohio.gov/reform/enotify/subscription.aspx>

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

To access ODM Fee Schedule and Rates, go to medicaid.ohio.gov > Providers > Fee Schedule and Rates > Click “I Agree”:

- For the Outpatient Hospital appendices and 2016 HCPCS Update Payment Table, select “Outpatient Hospital Services.”
- For the Provider-Administered Pharmaceuticals fee schedule, select “Provider-Administered Pharmaceuticals.”
- For the Laboratory Services fee schedule, select “Laboratory Services.”

Additional Information

Questions pertaining to this letter should be addressed to:

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