Ohio
Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

Hospital Handbook Transmittal Letter (HHTL) 3352-17-02

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

FROM: **Barbara R. Sears, Director**

SUBJECT: **Hospital Billing Guidelines – 2/1/2017 Update**

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 > Resources > Publications > ODM Guidance > Provider Billing Instructions > ODM Hospital Billing Guidelines.

New Changes for 2/1/2017 Publication

- Language was updated throughout the document to clarify existing content.
- Effective January 1, 2016, all outpatient hospital claims submitted to ODM are expected to be in date of service order with the RCC in ascending order within each service date. (Refer to Section 1.2)
- Effective October 1, 2015, pre-certification is no longer required for surgical procedures, however, pre-certification is still required for psychiatric admissions. (Refer to Section 2.1.1)
- Effective January 1, 2016, new ARCs were implemented to indicate the reason for a recoupment that resulted from a utilization review. (Refer to Section 2.1.3)
- Effective for services rendered on or after January 1, 2016, upon utilization review of Medicaid inpatient hospital services, physician payments for services associated with the recouped payment that resulted from utilization review may be recovered as well. (Refer to Section 2.1.3)
- New Section 2.1.4 provides guidance regarding third-party liability resubmissions. (Refer to Section 2.1.4)
- Language was added to clarify reimbursement for abortion services. (Refer to Section 2.4.1)
- Language was added regarding the Consent for Sterilization Form. (Refer to Section 2.4.2)
- ODM recommends that an Acknowledgement of Hysterectomy Information Form should always be obtained, in case the patient becomes Medicaid eligible retrospectively. (Refer to Section 2.4.3)
- Payment methodology table for transplant services on or before June 30, 2013 was moved from section 2.5 to Appendix J. (Refer to Section J.1)
- An example for a partial eligibility stay was added. (Refer to Section 2.6)
- Due to the Sunset of the Family Planning Services benefit plan on December 31, 2015, a person seeking family planning services will not be charged a non-emergency co-payment. (Formerly in Section 2.7)
- Language in section 2.8.1, “Effective January 1, 2014, the outlier multiplier was updated to 90% from

95%." was deleted as all claims submitted to ODM are now subject to an outlier multiplier of 90%. (Refer to Section 2.8.1)
- Former section 2.8.2 (Outlier payments – Services provided on or before 6/30/13) was moved to Appendix J. (Refer to Section J.2)
- Language was added to clarify third party liability. (Refer to Section 2.9)
- Language was added to clarify how claims should be submitted to ODM when Medicare Part A exhausts during an inpatient admission or Medicare becomes effective during an inpatient admission. (Refer to Section 2.9.1)
- Language was added to clarify how claims should be submitted to ODM when Medicaid is primary with Medicare Part B only. (Refer to Section 2.9.2)
- Language was added to clarify how claims with third party liability are reimbursed. (Refer to Section 2.9.4)
- Language was added to provide billing guidance in cases where there are outpatient services within three days of the admission date and the patient also changes Medicaid coverage on the same day as the admission. (Refer to Section 2.13)
- Billing guidance for LARCs was updated. (Refer to Section 2.15)
- Former Section 2.16 (Special unlisted dental surgery) was moved to Appendix J. (Refer to Section J.3)
- New Section 2.16 contains information regarding the three calendar day roll-in and requirement to submit a HCPCS J-code or Q-code with RCC 25X and/or 636. (Refer to Section 2.16)
- New Section 2.19 provides information regarding non-cooperative patients. (Refer to Section 2.19)
- New Section 2.20 provides information regarding national drug codes. (Refer to Section 2.20)
- New Section 3.1.1 provides guidance on ICD-9 vs ICD-10 adjustments. (Refer to Section 3.1.1)
- New Section 3.3.1 provides information regarding ordering, referring, or prescribing providers. (Refer to Section 3.3.1)
- Language was added to provide clarifying language around Type of Bills XX7 and XX8. (Refer to Appendix A)
- A note was added to require Occurrence Code 55 to be reported with Discharge Status 20 to indicate the patient's date of death. (Refer to Appendix D)
- Language was revised regarding Condition Code C3. (Refer to Appendix E)
- Language was added to clarify reporting criteria for covered and non-covered days. (Refer to Appendix G)
- The revenue center code for consultation and education was corrected from 0693 to 0694. (Refer to Appendix I)
- A column was added to Appendix I to indicate whether the RCC requires a HCPCS or CPT code to be submitted on the same detail line. (Refer to Appendix I)
- Coverage determinations were made regarding new RCCs 815 (effective 1/1/2017) and 826 (effective 7/1/2017). (Refer to Appendix I)

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.”

Questions pertaining to this letter should be addressed to:

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