



Department of Medicaid

John R. Kasich, Governor

Barbara R. Sears, Director

Medicaid Transmittal Letter (MTL) No. 3336-16-09

DATE: December 27, 2016
TO: Eligible Providers of Radiology Services
Chief Executive Officers, Managed Care Plans
Other Interested Parties
FROM: Barbara R. Sears, Medicaid Director
SUBJECT: Radiology Services

Rule 5160-4-25, "Laboratory and radiology services," sets forth coverage and payment policies for laboratory and radiology services performed by providers that receive Medicaid payment based on the schedule published as appendix DD to rule 5160-1-60 of the Administrative Code. This rule has been rescinded and replaced by a new rule of the same number, titled "Radiology and imaging services."

In new rule 5160-4-25, statements of policy have been reorganized, streamlined, and clarified. Unnecessary references, duplicative provisions, and claim-submission instructions have been removed. One policy change has been made: When more than one advanced imaging procedure (e.g., computed tomography, magnetic resonance imaging, ultrasound) is performed by the same provider or provider group for an individual patient in the same session, the payment amounts for a covered primary procedure, additional covered total procedure, and technical component alone of an additional covered procedure remain the same; the maximum payment amount for the professional component alone of an additional covered procedure, however, is increased from 75% to 95% of the amount specified in appendix DD to rule 5160-1-60 of the Administrative Code.

The new rule takes effect for dates of service beginning January 1, 2017.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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