



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

Medicaid Transmittal Letter No. 3344-16-06

DATE: March 28, 2016

TO: Eligible Medicaid Providers of Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS)
Chief Executive Officers, Managed Care Plans
Directors, County Departments of Job and Family Services

FROM: John B. McCarthy, Medicaid Director

SUBJECT: Revision of Ohio Administrative Code Rules for Durable Medical Equipment, Prostheses, Orthoses, and Supplies and Related Services

Existing rule 5160-10-03, "Medical supplies and the medicaid supply list," sets forth coverage and payment policies for medical supplies and related services. This rule has been amended. Coverage and payment provisions are moved from the body of the rule to the revised appendix, prior authorization (PA) requirements are removed for certain items and services, and the reference to form ODM 01913 has been updated.

Existing rule 5160-10-20, "Covered orthotic and prosthetic services and associated limitations," sets forth coverage and payment policies for orthotic devices, prosthetic devices, and related services. It has been rescinded and replaced by a new rule of the same number.

New rule 5160-10-20, "Orthotic devices, prosthetic devices, and related services," sets forth coverage and payment policies for orthotic devices, prosthetic devices, and related services. It replaces a rescinded rule of the same number. The body of the rule has been streamlined, and prior authorization (PA) requirements are removed for certain items and services listed in the revised appendix.

These changes take effect for dates of service beginning April 1, 2016.

Additional Information

Providers who have questions about program coverage of and limitations on DMEPOS may call the DMEPOS Question Line and Voice Mailbox at 614-466-1503. No response will be given to questions involving individual recipient eligibility, the submission of a new prior authorization request, the status of an existing prior authorization request, or a previously submitted claim.

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

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