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

Hospital Handbook Transmittal Letter (HHTL) 3352-17-09

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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 – Two Publications**

Summary

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to updates to the Office of Benefits Hospital Billing Guidelines. The department is publishing two versions of the Hospital Billing Guidelines: (1) Applies to dates of discharge and dates of service on or before July 31, 2017; (2) Applies to dates of discharge and dates of service on or after August 1, 2017. 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 On or Before 7/31/2017 Publication

- The sections of the Hospital Billing Guidelines have been rearranged for easier readability.
- Language was clarified regarding prior authorization and services rendered by out-of-state providers. In addition, as of July 1, 2017, KEPRO is the contracted vendor responsible for reviewing medical prior authorization requests. (Refer to Section 2.5.2)
- Language was added to provide clarification regarding third party liability. (Refer to Section 2.7.1)
- Language was added to provide clarification regarding inpatient admission orders. (Refer to Section 2.10)
- Language was added to provide billing guidance for individuals with the Inpatient Hospital Services Program (IHSP) benefit plan. (Refer to Section 2.11, Section 2.13 and Appendix J)
- Effective for dates of discharge on or after 7/6/2017, reimbursement for a LARC device when provided in an inpatient hospital setting postpartum and prior to the patient's discharge, the hospital may submit an outpatient claim for the LARC device. The tables in the LARC section have also been updated. (Refer to Section 2.16)
- The outlier thresholds used to calculate outlier payments for dates of discharge on or after July 6, 2017 have been updated. (Refer to Section 2.17)
- Language was added to clarify the requirements regarding the submission of a NDC with a pharmaceutical HCPCS code. (Refer to Section 3.4)
- Modifier information provided in Appendix A to OAC rule 5160-2-21 was added. (Refer to Section 3.7.1)
- Language was added to clarify the use of canceled surgery modifiers. (Refer to Section 3.7.5)

- Language was added to clarify the use of modifier JW. (Refer to Section 3.7.6)
- Per the National Uniform Billing Committee, the implementation date of revenue center code 826 has been delayed. The new effective date is to be determined. (Refer to Appendix I)
- A list of inpatient and outpatient services that require prior authorization was added. (Refer to Appendix K)
- The use of the 'AN' condition code is no longer permitted.

New Changes for On or After 8/1/2017 Publication

- Language was added to provide clarification regarding outpatient behavioral health services provided in accordance with OAC rule 5160-2-75(G)(2) of being exempt from the three calendar day roll-in policy. (Refer to Section 2.13)
- Language was added to provide guidance regarding submitting outpatient hospital claims with from/through dates that span the Enhanced Ambulatory Patient Groups (EAPG) compliance date and January 1 of the given year. (Refer to Section 3.3)
- Language was added to provide guidance regarding invoking the independently billed logic under EAPG reimbursement. (Refer to Section 3.4)
- Language was added to provide clarification regarding billing requirements for behavioral health services rendered in an outpatient hospital setting. (Refer to Section 3.5)
- A table of modifiers that affect EAPG reimbursement was added. (Refer to Section 3.9.1)
- The covered and non-covered RCC table was updated to include coverage information for the behavioral health services benefit. (Refer to Appendix I)
- The list of outpatient procedure codes that require prior authorization was updated. (Refer to Section K.3)
- A new appendix was added to provide example EAPG remittance advices. (Refer to Appendix L)

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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