



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Hospital Handbook Transmittal Letter (HHTL) No. 3352-18-05

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

FROM: Barbara R. Sears, Director

SUBJECT: Outpatient Hospital Updates, Effective July 1, 2018

Summary

Over the course of the past few months, hospital providers have suggested that the department expand coverage to certain services. After researching these services and consulting with medical directors and medical coders, we decided to implement some changes to existing codes as well as adding coverage to other services. This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to coverage changes for services provided in an outpatient hospital (OPH) effective for dates of service on or after July 1, 2018.

Critical care services (CPT 99291 and 99292), pharmaceuticals (HCPCS Q5103 and Q5104), lactation classes (HCPCS S9443), vaccine administration services (CPT 90461, 90471 and 90472), and moderate sedation services (CPT 99152, 99153, and G0500) will be covered in the OPH setting. Q5103 and Q5104 will be reimbursed in accordance with the reimbursement rate published on the provider-administered pharmaceuticals fee schedule.

Coverage of CPT 99183 (supervision of a hyperbaric oxygen session) will be end-dated because it is a professional service rather than an outpatient facility service. In addition, prior authorization will be added to CPT 27096 (injection into sacroiliac joint) and CPT 59000 and 59001 (amniocentesis diagnostic and therapeutic services) as these procedures can only be safely performed under certain circumstances.

Since January 1, 2016, revenue center codes (RCCs) 25X and 636 have been restricted to all valid J-codes, select Q-codes, and vaccine toxoids in the OPH setting. These procedure code restrictions have prevented other provider-administered drugs (e.g., A-codes, C-codes, etc.) from being submitted with RCCs 25X and 636. Since RCCs 25X and 636 are pharmaceutical RCCs, the procedure code restrictions will be removed so that providers can bill for drugs with the appropriate pharmaceutical RCCs. However, please note that only select pharmaceuticals will continue to be reimbursed the lesser of charges or the payment amounts in the provider-administered pharmaceutical fee schedule; these pharmaceuticals will be noted in the revised covered codes list.

The department covers trauma response services but the RCC that the procedure code should be submitted with is currently non-covered. Therefore inpatient (IPH) and outpatient hospital contracts will be added to RCCs 681, 682, and 683.

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 <https://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 <http://medicaid.ohio.gov/> > Providers > Fee Schedule and Rates > Click "I Agree".

Additional Information

Questions pertaining to this letter should be addressed to:

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or

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