



Department of Medicaid

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

Hospital Handbook Transmittal Letter (HHTL) No. 3352-18-08

Published on November 7, 2018

TO: All Hospital Providers
Directors, County Departments of Job and Family Services
Managed Care Plans

FROM: Barbara R. Sears, Director

SUBJECT: October 1, 2018 Updates for Inpatient and Outpatient Hospitals

Summary

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to the adoption of the 2019 ICD-10 diagnosis and procedure code set and how the adoption of those updates impact inpatient and outpatient reimbursement. The department has implemented the All Patient Refined – Diagnosis Related Groups (APR-DRG) version 36 to reimburse inpatient hospital claims with dates of discharge on or after October 1, 2018. In addition, the list of inpatient procedures that require prior authorization has been updated. Lastly, new behavioral health diagnosis codes have been added to the Outpatient Hospital Behavioral Health (OPHBH) benefit plan.

Inpatient Hospital Updates

The department has implemented the new 2019 ICD-10 diagnosis and procedure codes for inpatient hospital reimbursement. Obsolete diagnosis and procedure codes have been deleted. Providers are expected to use diagnosis and procedure codes that were in effect on the date of discharge.

Inpatient hospital claims with dates of discharge on or after October 1, 2018 will be processed under APR-DRG version 36. There were no DRG or relative weight changes due to the change in grouper version. The APR-DRG relative weights that were effective September 1, 2018 remain in effect.

While few new inpatient procedure codes will require prior authorization, the department did not identify any procedure or diagnosis codes that will not be covered. The list of inpatient procedures that require prior authorization has been updated.

Outpatient Hospital Updates

The adoption of these diagnosis code updates will not impact Medical Visit Enhanced Ambulatory Patient Groups (EAPGs) as deleted diagnosis codes were replaced with new diagnosis codes that contained more specificity. The EAPG relative weights that were effective August 1, 2017 remain in effect.

New behavioral health diagnosis codes have been added to the OPHBH benefit plan. Obsolete diagnosis codes have been deleted. Providers are expected to use diagnosis and procedure codes that were in effect for the date of service.

Access to Rules and Related Material

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 Inpatient Hospital Relative Weights, select "Inpatient Hospital Services" then "DRG Relative Weight Tables."
- For the Outpatient Hospital Behavioral Health Diagnosis Codes. Select "Outpatient Hospital Behavioral Health Services" then "Outpatient Hospital Behavioral Health Diagnosis Codes."

To access Provider Prior Authorization Requirements, go to <http://medicaid.ohio.gov/> > Providers > Prior Authorization Requirements

Additional Information

Questions pertaining to this letter should be addressed to:

hospital_policy@medicaid.ohio.gov; or

Ohio Department of Medicaid
Bureau of Health Plan Policy
Hospital Services
P.O. Box 182709
Columbus, OH 43218-2709
Telephone (800) 686-1516