



Hospital Handbook Transmittal Letter (HHTL) 3352-21-06

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

FROM: Maureen M. Corcoran, Director

SUBJECT: Hospital Billing Guidelines -- 9/1/2021 Updates

Summary

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to updates to the Office of Policy Hospital Billing Guidelines, for Dates of Discharge and Dates of Service On or After 9/1/2021. Updates are indicated by underlined language throughout the Hospital Billing Guidelines. The Hospital Billing Guidelines can be accessed through the ODM Guidance page: <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers> > Resources for Providers > Billing > ODM Hospital Billing Guidelines > For Dates of Discharge and Dates of Service On or After 9/1/2021.

- Several OAC rule references were updated throughout this document. (Refer to Sections 1.1, 2.13, 3.5)
- The reference to ODM MITS Provider Portal has been changed to "ODM Provider Web Portal" throughout this document. (Refer to Sections 1, 1.1, 2.2, 2.3, 2.4, 2.5, 2.5.3, 2.5.4, 2.5.5, 2.6.1, 2.6.2, 2.6.3, 3.6 and Appendix A)
- Website links have been updated throughout the document. (Refer to Sections 1, 1.1, 2.3, 2.5.2, 2.5.4, 2.6, 2.16.1, 2.16.2, 3.1, 3.5, 3.5.1, 3.11, 3.12).
- A clarification was added to the Transfer Payment Provisions section. (Refer to Section 2.1)
- A clarification was added to the Interim Billing Instructions section. (Refer to Section 2.2)
- Added a link to a form and removed a clarification for Denied and/or Problem Claims section. (Refer to Section 2.4)
- An update to the set of diagnosis codes that require pre-certification was added for psychiatric admissions. (Refer to Section 2.5.1)
- A clarification was added to the Prior Authorization section. (Refer to Section 2.5.2)

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- The contact information for the contracted vendor reviewing medical prior authorization requests has been updated. (Refer to [Section 2.5.2](#))
- Further clarification was provided for reimbursement of organ transplant services. (Refer to [Section 2.5.3](#))
- The address for the Ohio Solid Organ Transplantation Consortium was updated. (Refer to [Section 2.5.3](#))
- Further clarification was provided for utilization review and associated claim resubmission. (Refer to [Section 2.5.4](#))
- Clarifications were added for covered and non-covered days. (Refer to [Section 2.7.2](#))
- An update was added to the requests for providers for third party payers. (Refer to [Section 2.7.3](#))
- A note was removed due to special billing for HCBS waiver recipients being no longer required for their inpatient hospital stays. (Refer to [Section 2.9.1](#))
- An additional clarification was added to the three-calendar day roll-in policy. (Refer to [Section 2.13](#))
- An update was added to the LARC section. (Refer to [Section 2.16](#))
- An additional clarification was added, as well as the ICD-9 codes were removed from the list of billable LARC diagnostic codes in an inpatient setting. (Refer to [Section 2.16.1](#))
- The ICD-9 codes were removed from the list of billable LARC diagnostic codes in an outpatient setting. (Refer to [Section 2.16.3](#))
- An update to which bill types are accepted for outpatient services was also provided. (Refer to [Section 3.3](#))
- Section 3.5.2 referring to managed care carve outs for outpatient behavioral health claims was removed.
- An update to edits concerning national drug codes (NDC's) was added. (Refer to [Section 3.6](#))
- The list of codes and services that are not reimbursed to hospitals for nursing facility residents was updated. (Refer to [Section 3.7](#))
- Clarification of circumstances when reimbursement for hospital services provided to individuals enrolled in a hospice benefit plan occurs was added. (Refer to [Section 3.8](#))
- A clarification was added to describe how drug waste should be billed. (Refer to [Section 3.10.5](#))
- Further clarification was provided for billing 340B drugs on outpatient claims. (Refer to [Section](#)

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[3.10.6\)](#)

- Telehealth billing guidance has been added. (Refer to [Section 3.11](#))
- Coronavirus 2019 (COVID-19) billing guidance has been added. (Refer to [Section 3.12](#))
- Condition Code 7 was added to the list of condition codes that may affect claims reimbursement. ([Refer to Appendix E](#))
- The list of covered and non-covered revenue center codes (RCC) have been updated for inpatient, outpatient & outpatient behavioral health claims. ([Refer to Appendix I](#))
- Some date references have been removed from the billing examples. ([Refer to Appendix J](#))

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/wps/portal/gateway/business/manage/laws®ulations/reform>.

The main web page of the ODM includes links to valuable information about its services and programs; the address is <http://medicaid.ohio.gov/>.

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