

Medicaid Handbook Transmittal Letter (MHTL) No. 3334-16-01

DATE: December 28, 2015

TO: Eligible Non-Institutional Medicaid Providers
Chief Executive Officers, Managed Care Plans
Directors, County Departments of Job and Family Services

FROM: John B. McCarthy, Medicaid Director

SUBJECT: Amendment to Ohio Administrative Code Rule 5160-1-60

Rule 5160-1-60, "Medicaid Payment," sets forth payment policies for services furnished by many professional, non-institutional providers. The appendix to this rule has been amended to incorporate a budget provision of Am. Sub H.B 64 of the 131st General Assembly. Specifically, Medicaid payments are being increased for primary care services, including office and preventative visits, vaccine administrations, and ophthalmological medical examination and evaluation services, effective January 1, 2016. ODM will begin recognizing CPT 90460 for the administration of vaccines covered under the VFC program. Providers must also submit the appropriate vaccine toxoid code in addition to the vaccine administration code.

In addition, the Medicaid maximum payment amounts for gastroenterology, molecular pathology, newborn care, and pediatric and neonatal critical care procedures have been increased in response to comments made by stakeholders. Pursuant to section 5164.70 of the Ohio Revised Code and paragraph (F) of current rule 5160-1-60, the maximum payment amounts for certain advanced imaging procedures and other professional procedures are reduced so that they do not exceed the corresponding maximum Medicare allowed amounts. Several durable medical equipment (DME) procedures will no longer require prior authorization in accordance with revised DME OAC rules 5160-10-03 and 5160-10-20, currently under consideration. Therefore Medicaid maximum payment amounts are being established for the majority of these procedures.

Other amendments to the appendix to this rule include incorporating 2015 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding changes. New 2015 codes are added, obsolete codes are marked as discontinued, and Medicaid maximum payment amounts are established for new codes. These procedure codes were published on a separate table and were effective 01/01/2015.

ODM has prepared a list of covered procedures, services, or supplies represented by Healthcare Common Procedure Coding System (HCPCS) codes that are new for 2016. The rates for these new codes are published in a separate payment table on the ODM website,

<http://medicaid.ohio.gov>. For these procedures, services, and supplies, the initial maximum payment is set at 80% of the Medicare allowed amount, as described in OAC rule 5160-1-60.

No change is being made in the body of the rule itself. The amendment to the appendix to this rule is effective for dates of service beginning January 1, 2016.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

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

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