



Department of Medicaid

John R. Kasich, Governor

Barbara R. Sears, Director

Medicaid Transmittal Letter (MTL) No. 3334-16-18

DATE: December 27, 2016

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

FROM: Barbara R. Sears, Medicaid Director

SUBJECT: Amendment to Ohio Administrative Code Rules 5160-1-60 and 5160-1-61.
Rescission of Ohio Administrative Code Rule 5160-4-02.2.

Rule 5160-1-60, "Medicaid Payment," sets forth payment policies for services furnished by many professional, non-institutional providers. The rule has been amended to remove the list of Ambulatory Surgery Center (ASC) rates from the body of the rule since these rates are incorporated in a reference table located in the rule appendix, where ASC payment amounts are specified. ODM has rescinded Ohio Administrative Code rule 5160-4-02.2, "Site differential payments and place of service," and any necessary provisions of that rule are being incorporated into the body of this rule. The appendix to this rule has been amended to incorporate the following changes:

ODM policy recognizes HCPCS G0101 (Cervical or Vaginal Cancer Screening; Pelvic and Clinic Breast Examination) and Q0091 (Screening Pap Smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) for gynecologic and well woman exams. Beginning January 1, 2017, ODM will no longer recognize the non-Medicare HCPCS codes S0610 (annual gynecological exam; new patient) and S0612 (annual gynecological exam; established patient).

G0101 and Q0091 coordination of benefits with Medicare: When it is medically necessary for a patient to have a pelvic and/or pap annually, meaning more frequently than Medicare covers for low risk patients, providers may submit the code or codes (G0101 and/or Q0091) Medicare denied primary for reason 119 (benefit maximum) to ODM through the ODM 6653 process. Be sure to attach the Medicare EOMB to show the HCPCS billed, date of service, and the reason Medicare denied the primary payment. ODM will review and consider for payment if appropriate.

The 2016 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding updates are incorporated into this appendix. New codes have been added, obsolete codes have been marked as discontinued, and Medicaid maximum payment amounts have been established for new codes. These codes were published on a separate table

and were effective January 1, 2016. The maximum payment amounts for certain surgical and radiological procedures are reduced so they do not exceed the corresponding maximum Medicare allowed amounts. The Medicaid allowed amount for an interactive complexity procedure is being increased to align closer to the Medicare allowed amount. Medicaid has also established coverage for acupuncture procedures as an alternative treatment method for pain management. Acupuncture is covered for the treatment of low back pain and migraines.

The amendments to the rule and appendix to this rule are effective for dates of service beginning January 1, 2017.

Rule 5160-1-61, "Non-covered Services," sets forth a categorical list of services for which Medicaid makes no payment. This rule has been amended to remove acupuncture from the list of services that are not covered by the Medicaid program.

The amendments to the rule are effective for dates of service beginning January 1, 2017.

Rule 5160-4-02.2 "Site differential payments and place of service," defines the concepts of site differential, facility fee, and non-facility fee, and it instructs providers on the use of place-of-service codes. Relevant provisions of this rule have been incorporated into rule 5160-1-60 of the Administrative Code.

The rescission of this rule is effective January 1, 2017.

Coverage of procedures, services, or supplies represented by new CPT or HCPCS codes, along with maximum payment amounts for non-institutional providers, will be published on the department's web site, <http://medicaid.ohio.gov>.

ODM is taking these actions in order to remain in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA). Adoption of the new CPT and HCPCS codes is effective for dates of service beginning January 1, 2017.

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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