



Department of Medicaid

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

Medicaid Transmittal Letter (MTL) No. 3334-17-11

Medicaid Transmittal Letter (MTL) No. 3345-17-01

DATE: December 20, 2017

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 5160-11-09

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 change Medicaid payment for Ambulatory Surgery Centers (ASCs). Rates for ASCs will no longer be maintained in this rule. Effective August 1, 2017, the rate methodology for ASCs was moved to OAC rule 5160-22-01, "Ambulatory surgery center (ASC) services: provider eligibility, coverage, and reimbursement," which contains the applicable rates for this provider type for services delivered on or after this date. ASC rates before this date will be kept in rule 5160-1-60 to allow providers to submit claims for services rendered prior to August 1, 2017. Another change to this rule is the removal of Medicaid payment rates for Community Mental Health Centers (CMHCs). CMHCs have their own set of OAC rules and their own rate methodology for the payment of services provided in these settings; therefore, this rule is no longer applicable to CMHCs enrolled in the Medicaid program. The appendix to this rule has been amended to incorporate the following changes:

Medicaid payment for radiology and imaging services are reduced by five percent beginning on the effective date of this rule.

Medicaid payment for neonatal and newborn care services are increased to seventy-five percent of the Ohio Medicare allowed amount.

The 2017 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding updates are incorporated into this appendix. New codes are added, obsolete codes are marked as discontinued, and Medicaid maximum amounts are established for new codes. These codes were published on a separate table and were effective January 1, 2017.

Rule 5160-11-09, "Laboratory-related services: claim payment," sets forth payment policies for laboratory-related services. This rule has been amended to reduce Medicaid payment for clinical laboratory, molecular pathology, and pathology services by five percent beginning on the effective date of this rule. Medicaid payment for these services is further reduced to seventy-five percent of the applicable Medicare allowed amount.

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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