Ohio | Department of Medicaid

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

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Medicaid Transmittal Letter (MTL) No. 3336-18-04

DATE: December 18, 2018

TO: Eligible Providers of Evaluation and Management Services
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Barbara R. Sears, Medicaid Director

SUBJECT: Amendment of OAC rule 5160-4-23, "Covered ambulatory surgery center (ASC) surgical procedures," and OAC rule 5160-1-60, "Medicaid payment"

Rule 5160-4-23, "Covered ambulatory surgery center (ASC) surgical procedures," sets forth coverage and payment policies for professional services provided in ASCs. Two references in the rule are updated, one to the Code of Federal Regulations and one to the Department's webpage where the maximum payment amounts for these procedures are listed.

Rule 5160-1-60, "Medicaid payment," sets forth payment policies for services furnished by many professional, non-institutional providers. The current rule specifies a process by which an initial maximum payment amount is established for certain procedures at the beginning of a calendar year; the rule body is amended to allow the establishment of initial payment amounts more often than annually. The appendix to the rule is amended to incorporate the following changes:

1. The 2018 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding updates are added. These updates—addition of new codes with maximum payment amounts, discontinuation of obsolete codes—were published on a separate table and became effective on January 1, 2018.
2. Medicaid payment amounts are established for colonoscopy procedures represented by three CPT codes. These surgical procedures themselves are currently covered. Recognizing the procedure codes will have an impact only on how these procedures are reported.
3. Separate payment will no longer be made for chronic care management and transitional care management procedures. Providers participating in the expanded comprehensive primary care program will instead receive per member per month (PMPM) payments for providing care management services to attributed members.

4. ODM is no longer reimbursing separately for the chronic care and transitional care management procedures. This will apply to services rendered by the following provider types:
    - Physicians
    - Advanced practice registered nurses
    - Physician assistants
    - Non-physician licensed behavioral health practitioners
5. Covered dental procedures that were previously listed in Appendix B to OAC rule 5160-5-01 are added to the appendix to rule 5160-1-60.
6. Covered ambulatory surgery procedures are removed because the maximum payment amounts are now obsolete. Current ASC payment amounts are located in a different schedule.

These rule changes take effect for dates of service beginning January 1, 2019.

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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