



Medicaid Transmittal Letter (MTL) No. 3344-21-01

DATE: June 29, 2021

TO: Eligible Medicaid Providers of Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS)
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: Medicaid DMEPOS Rule Revisions for 2021

Pursuant to section 106.03 of the Ohio Revised Code, a systematic review has been made of rules in Chapter 5160-10 of the Ohio Administrative Code. As a result, the Ohio Department of Medicaid (ODM) is updating six existing rules that set forth coverage and payment policies for specific items of durable medical equipment.

Rule 5160-10-01 sets forth overarching coverage and payment policy for durable medical equipment, prostheses, orthotics, and supplies (DMEPOS). The schedule of maximum payment amounts for most DMEPOS items and services is published as Appendix A to the rule. (Maximum payment amounts for oxygen and for wheelchairs are published separately.) For ease of reading, the existing rule is rescinded and replaced by a new rule of the same number.

A statement allowing the use of a certificate of medical necessity (CMN) as a prescription has been removed. Definitions of "coverage" and "frequency limit" have been added. Several points have been clarified, including the function of a payment schedule, the authority to determine coverage, the necessity of a prescription, the publication of new or newly adopted procedure codes, and the use of "miscellaneous" procedure codes. The appendix to the rule has been updated.

Rule 5160-10-10, "DMEPOS: home dialysis equipment and supplies," sets forth coverage and payment policies for home dialysis equipment and related supplies provided by a durable medical equipment (DME) supplier.

This rule is being rescinded. The payment arrangement it describes, which is often referred to by the Medicare term "Method II," has been discontinued by Medicare.

Rule 5160-10-13, "DMEPOS: oxygen," sets forth coverage and payment policies for oxygen.

The appendix to the rule has been updated, the outline numbering of one paragraph has been corrected, and the revision date of the associated certificate of medical necessity (CMN) has been changed.

Rule 5160-10-16, "DMEPOS: wheelchairs," sets forth coverage and payment policies for wheelchairs, related accessories, seating options, and wheelchair rental.

The revision date of the associated CMN has been changed.

Rule 5160-10-19, "DMEPOS: positive airway pressure devices," sets forth coverage and payment policies for positive airway pressure (PAP) devices.

The text of the rule has been streamlined; for example, an unnecessary specification of the duration of the diagnostic component of a sleep study has been removed. Coverage provisions have been extended to include not only obstructive sleep apnea but also other conditions for which positive airway pressure is an appropriate treatment. A provision has been added that allows payment for a respiratory study performed with a PAP device that records relevant data automatically. The revision date of the associated CMN has been changed.

Rule 5160-10-22, "DMEPOS: ventilators," sets forth coverage and payment policies for ventilators.

Provisions of the rule have been extended to cover multi-function ventilators. The revision date of the associated CMN has been changed.

Rule 5160-10-29, "DMEPOS: insulin pumps," sets forth coverage and payment policies for insulin pumps.

Provisions of the rule have been extended to cover the use of a pump to treat insulin-dependent type 2 diabetes mellitus. The revision date of the associated CMN has been changed.

Specific terms that are identified in Am. Sub. H.B. 166 (133rd G.A.) as presumptively constituting a regulatory restriction have been removed or omitted from these rules.

Changes take effect for dates of service beginning July 1, 2021.

Additional Information

Information about Medicaid services 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:

P.O. Box 182709
Columbus, OH 43218-2709
noninstitutional_policy@medicaid.ohio.gov
(800) 686-1516