State/Territory: OHIO

## Citation 3.1(f) (1) Optometric Services 42 CFR 441.30 Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist. $\boxtimes$ Yes. No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform. Not applicable. The conditions in the first sentence do not apply. 1903(i)(1) Organ Transplant Procedures of the Act, (2) P.L. 99-272 Organ transplant procedures are provided. (Section 9507) No. $\bowtie$ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for

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the coverage of organ transplant procedures are

described at ATTACHMENT 3.1-E.

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## State/Territory: OHIO

## AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.	
☐ Provided: ☐ No limitations ☐ With limitations* ☐ Not provided	
c. Chiropractors' services.	
<ul><li>☑ Provided: ☐ No limitations</li><li>☑ With limitations*</li><li>☐ Not provided</li></ul>	
d. Other practitioners' services.	
<ul><li>☑ Provided: Identified on attached sheet with description of limit</li><li>☑ Not provided</li></ul>	ations, if any.
7. Home health services.	
a. Intermittent or part-time nursing services provided by a home heal by a registered nurse when no home health agency exists in the are	
Provided: No limitations With limitations*	
b. Home health aide services provided by a home health agency.	
Provided: No limitations With limitations*	
c. Medical supplies, equipment, and appliances suitable for use in the	e home.
Provided: No limitations With limitations*	
*Description provided on attachment.	
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Supersedes: TN: 91-20 Effective Date	

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere. (Continued)

Optometrists' services

Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether they are furnished by a physician or an optometrist.

Optometrists currently licensed under Chapters 4725. and 4731. of the Revised Code are eligible to participate in the medicaid program. Covered optometrists' services include examinations, fittings, diagnosis and treatment services, and dispensing of ophthalmic materials (contact lenses, low vision aids, etc.) within the scope of practice established by Chapters 4725. and 4731. of the Revised Code.

The following provisions apply to optometrists' services:

Optometrists' services provided in an LTCF must have a written request for examination or treatment signed by the consumer or responsible guardian that is retained by the billing provider.

Beneficiaries younger than age twenty-one can access physicians' services, including optometrists' services, without limitation when such services are medically necessary.

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- 6. Medical care and any other types of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
  - b. Optometrists' services

Optometrists' services (other than those provided under 42 CFR 435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

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5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere. (Continued)

Optometrists' Services

Payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's fee schedule.

Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The rates available at this website include all annual or periodic adjustments to the fee schedule. The agency's fee schedule was set as of January 1, 2010, and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

This service is subject to a co-payment as referenced in Attachment 4.18-A of the State Plan.

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- 6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
  - b. Optometrists' Services

Optometrists' services (other than those provided under 42 CFR 435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

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