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**State/Territory Name: OH** 

State Plan Amendment (SPA) #: 13-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



July 27, 2015

John B. McCarthy, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: TN 13-010

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA):

Transmittal #13-010 - Podiatrists' services: coverage and limitations

- Effective Date: July 1, 2013

If you have any questions, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at <a href="mailto:christine.davidson@cms.hhs.gov">christine.davidson@cms.hhs.gov</a>.

Sincerely,

/s/

Alan Freund Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

## Enclosure

cc: Carolyn Brewer, ODM Sarah Curtin, ODM Becky Jackson, ODM Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		2. STATE
STATE PLAN MATERIAL	13-010	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):	The state of the s	
NEW STATE PLAN AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
6. FEDERAL STATUTE/REGULATION CITATION:  7. FEDERAL BUDGET IMPACT:		
Section 1905(a)(6) of the Social Security Act	a. FFY 2012 \$ 0 thousands	
Section 440.60	b. FFY 2013 \$ 0 thous	
9 DACE BUILDING OF THE STAND		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Item 6-a, Page 1 of 1	Attachment 3.1-A, Pre-Print page 2, Item 6, Page 1 of 4 (TN 90-	
	38)	
10. SUBJECT OF AMENDMENT: Podiatrists' services: coverage and limitations	And the second s	ann the second and the second control of the
11. GOVERNOR'S REVIEW (Check One):	Company and the second	No manufacture and the second
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated signature authority	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	to Medicaid Director	•
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO:	
13. TYPED NAME JOHN B. MCCARTHY	Becky Jackson	
THE PROPERTY CONTROL OF THE PR	Ohio Department of Medicaid P.O. BOX 182709	
14. TITLE: STATE MEDICAID DIRECTOR	Columbus, Ohio 43218	
15. DATE SUBMITTED: 9412		
17. DATE RECEIVED: FOR REGIONAL O		
9/4/13	18. DATE APPROVED:	
PLAN APPROVED - ON	7/27/15 E COPY ATTACHED	and the second s
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:
21. TYPED NAME:	/s/ 22. TITLE:	
Alan Freund	Acting Associate Regio	nal Administrator
23. REMARKS:	Acting Associate Regio	iai Auministrator
	•	
Instructions on Back		
FORM CMS-179 (07-92)		

- 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.
  - Podiatrists' services.

Podiatrists' services are covered by Ohio Medicaid in accordance with 42 CFR § 440.60.

Podiatrists' services are provided consistent with the scope of practice as defined under State law.

Services determined by the department as not medically necessary will not be covered.

## Limitations:

- 1. Coverage of debridement of nails is limited to a maximum of one treatment within a 60-day period.
- 2. General anesthesia services provided by a podiatrist are not covered.
- 3. Coverage of physical medicine services provided by a podiatrist is limited to acute conditions or periods or acute exacerbation of chronic disease.

Additional services in excess of limitations are available through prior authorization upon a demonstration of medical necessity.

Beneficiaries younger than age twenty-one can access other podiatrists' services without limitation when such services are medically necessary.

Approval Date: 7/27/15

TN: 13-010 Supersedes:

TN:90-38

Effective Date: <u>07/01/2013</u>