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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 18-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



November 9, 2018

Barbara R. Sears, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 18-017

Dear Ms. Sears:

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

Transmittal #18-017 - Coverage & Limitations and Payment for Services:
 Durable Medical Equipment, Prostheses, Orthoses, and Supplies
 - Effective Date: July 16, 2018
 - Approval Date: November 9, 2018

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

Celestine Curry
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-017	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 16, 2018	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
<i>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70, 440.120		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$(601.6) thousands b. FFY 2019 \$(2,880.5) thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 7-c, page 1 of 1 Attachment 3.1-A, Item 12-b, page 1 of 1 Attachment 3.1-A, Item 12-c, page 1 of 1 Attachment 3.1-A, Item 12-d, page 1 of 1 Attachment 4.19-B, Item 7-c, pages 1 and 2 of 2 Attachment 4.19-B, Item 12-c, page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Item 7, page 5 of 6 (TN 11-002) Attachment 3.1-A, Item 12, page 12 of 12 (TN 07-001) Attachment 4.19-B, Item 7-c, page 1 of 2 (TN 17-023) Attachment 4.19-B, Item 7-c, page 2 of 2 (TN 18-007) Attachment 4.19-B, Item 12-c, page 1 of 1 (TN 18-007)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: DMEPOS			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 200px; height: 20px; margin: 5px 0;"></div>		16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: BARBARA R. SEARS			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: August 20, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 20, 2018		18. DATE APPROVED: November 9, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 16, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: right;">/s/</div>	
21. TYPED NAME: Celestine Curry		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

7. Home health services, continued.

c. Medical supplies, equipment, and appliances suitable for use in the home.

Medical supplies, equipment, and appliances must be medically necessary and provided in accordance with 42 CFR 440.70.

Before medical supplies, equipment, or appliances may be prescribed, a practitioner must document a face-to-face encounter with the Medicaid-eligible individual. With proper documentation, a single face-to-face encounter can serve as the basis for more than one prescription.

Prior authorization (PA) must be obtained before payment can be made for certain covered items or for quantities of certain items beyond established limits. Limitations can be found on the Ohio Department of Medicaid website at <https://medicaid.ohio.gov/>.

Beneficiaries younger than age twenty-one can access medical supplies, equipment, and appliances without limitation when such items are medically necessary.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, continued.

b. Dentures.

Payment for the provision of dentures, either full or partial, requires prior authorization (PA).

No payment is authorized for a preformed denture with teeth already mounted (i.e., a denture module for which no impression is made of the patient). Payment for a denture will not be authorized if dentures made for the patient in the recent past were unsatisfactory because of irremediable psychological or physiological reasons.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, continued.

c. Prosthetic devices.

Payment for the following items requires prior authorization (PA):

Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control

Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature

Lower extremity prosthesis, not otherwise specified

Upper extremity prosthesis, not otherwise specified

Unlisted procedure for miscellaneous prosthetic services

A hearing aid may be provided every four years without PA. This limit may be exceeded with PA.

Payment for a hearing aid requires a prescription and a test for hearing loss.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, continued.

d. Eyeglasses.

Payment for the following items and services requires prior authorization (PA) and, when appropriate, documentation of medical necessity:

Glass lenses

Tinted lenses

Ultraviolet-protective lenses

Photochromatic lenses

Frames or lenses provided by a source other than an optical laboratory holding a current volume purchase contract

A complete set of eyeglasses (i.e., frame and lenses) may be provided every 24 months without PA. Eyeglasses may be provided more frequently if medical necessity criteria are met or if PA is obtained.

No separate payment is made for lenses prescribed as supplementary sunglasses in addition to regular eyeglasses, unless medical necessity is demonstrated and prior authorization is obtained.

7. Home health services, continued.

c. Medical supplies, equipment, and appliances suitable for use in the home.

Payment for medical supplies, equipment, and appliances is the lesser of the submitted charge or an amount based on the Medicaid maximum for the item or service.

The Medicaid maxima for blood glucose monitors, test strips, lancets, lancing devices, needles including pen needles, calibration solution/chips, and needle-bearing syringes with a capacity up to three milliliters are 107% of the wholesale acquisition cost (WAC); if the WAC cannot be determined, the Medicaid maximum is 85.6% of the average wholesale price (AWP). The State's Diabetic Testing and Injection Supplies payment schedule (part of the Pharmacy payment schedule) was set as of April 1, 2017.

The Medicaid maxima for oxygen are listed on the State's Oxygen payment schedule, which was set as of July 16, 2018.

The Medicaid maxima for wheelchairs, parts, accessories, and related services are listed on the State's Wheelchair payment schedule, which was set as of January 1, 2017.

The Medicaid maxima for enteral nutrition products are listed on the State's main Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS) payment schedule. Where no Medicaid maximum is specified, payment is 77% of the AWP.

The Medicaid maxima for other medical supplies, equipment, and appliances are listed on the State's main DMEPOS payment schedule. Where no Medicaid maximum for a medical supply item is specified, payment is 72% of the list price; if no list price is available, it is 147% of the invoice price.

The State's main DMEPOS payment schedule was set as of July 16, 2018.

For a covered procedure, service, or supply represented by a new HCPCS procedure code that takes effect at the beginning of a calendar year, the initial maximum payment amount is set at 80% of the Medicare allowed amount.

All Medicaid payment schedules and rates are published on the State's website at <http://medicaid.ohio.gov/Providers/FeeScheduleandRates.aspx>.

By-report items and services require manual review by appropriate staff members or contractors. Payment for these items and services is determined on a case-by-case basis. The specific method used depends on the item or service (for example, comparison with a similar service that has an established maximum payment rate or application of a percentage of charges). This schema was effective on July 16, 2018.

Except as otherwise noted in the plan, state-developed payment schedules and rates are the same for both governmental and private providers.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, continued.

c. Prosthetic devices.

Payment is the lesser of the submitted charge or an amount based on the Medicaid maximum. The Medicaid maximum for a prosthetic device is listed on the State's main Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS) payment schedule, which was set as of July 16, 2018.

By-report items and services require manual review by appropriate staff members or contractors. Payment for these items and services is determined on a case-by-case basis. The specific method used depends on the item or service (for example, comparison with a similar service that has an established maximum payment rate or application of a percentage of charges). This schema was effective on July 16, 2018.

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