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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0026

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 24, 2026

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

Re: Ohio State Plan Amendment (SPA) - 25-0026

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OH-25-0026. This amendment increases payment rates for pregnancy and prenatal services, allows payment for wastage of single-use drug vials, and allows pharmacists and clinical psychologists to receive payment for professional services provided in hospital settings. These changes are being made to improve high-quality patient care for pregnancy and prenatal services and to provide better care team efficiency to address patient needs, in conjunction with Amended Substitute House Bill 96 of the 136th Ohio General Assembly.

We conducted our review of your submittal according to statutory requirements in Sections 1905(a)(4), (5), (6), (9), (17), (21) and (28) of the Social Security Act and 42 C.F.R. §440.50, §440.60, §440.90, §440.165, and §440.166. This letter informs you that Ohio's Medicaid SPA TN 25-0026 was approved on July 24, 2026, with an effective date of January 1, 2026.

Enclosed are copies of Form CMS-179 (with addendum), and approved SPA pages to be incorporated into the Ohio State Plan. Please note that accompanying this SPA approval, there is an enclosed companion letter describing actions that the state must complete.

If you have any questions, please contact Keri Rosenbloom Toback at (312) 353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

[redacted]

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Danielle Motley, CMCS
Jerica Bennett, CMCS
Brandson Smith, CMCS
Christine Davidson, CMCS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 24, 2026

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

Re: Ohio State Plan Amendment (SPA) - 25-0026

Dear Director Partika:

We are issuing this letter as a companion to the Centers for Medicare & Medicaid Services'(CMS) approval of Ohio's State Plan Amendment (SPA) TN 25-0026. Ohio's SPA 25-0026 proposed to increase payment rates for pregnancy and prenatal services, allow payment for wastage of single-use drug vials, and allow pharmacists and clinical psychologists to receive payment for professional services provided in hospital settings. During our review of OH 25-0026, we identified certain issues with Ohio's current State Plan, which are the subject of this letter.

Comprehensive Language

As required by 42 C.F.R. §430.10, a State Plan must be a comprehensive written statement containing "all information necessary for CMS to determine whether the plan can be approved as a basis for Federal Financial Participation (FFP) in the state program."

1. In the Attachment 4.19-B pages submitted for OH-25-0026, the State Plan does not comprehensively describe the by-report services methodology for multiple services listed below. Please amend the State Plan language for each service, as noted below, to comprehensively describe the by-report methodologies. Please amend the by-report methodologies to include all methodologies the state uses to determine the rate that will be paid for by-report services and the circumstances when each methodology is applicable. For the services where a percentage of billed charges will be paid, please specify the percentage in the state plan.

    a) Physician Assistants' Services- Attachment 4.19-B, Item 6-d-(5), page 1 of 1;
    b) Advanced Practice Nurses' Services, other than described elsewhere in this plan- Attachment 4.19-B, Item 6-d-(6), page 2 of 2;
    c) All Other AHCCs- Attachment 4.19-B, Item 9-a, page 2 of 2;
    d) Nurse Midwife Services- Attachment 4.19-B, Item 17, page 1 of 1; and
    e) Certified pediatric and family nurse practitioner services- Attachment 4.19-B, Item 23, page 1 of 2.

2. Please amend the payment methodology for Pharmacist's services on Attachment 4.19-B, item 6-d-(4), Page 1 of 1 to indicate that the payment schedules and rates are the same for governmental and private providers.

We are requesting your response on or before October 22, 2026, which is within 90 days from the date of this companion letter.

If you have any questions, please contact Keri Rosenbloom Toback at keri.toback@cms.hhs.gov or (312) 353-1754.

Sincerely,

[redacted]

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Danielle Motley, CMCS
Jerica Bennett, CMCS
Brandon Smith, CMCS
Christine Davidson, CMCS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0026

2. STATE: OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
See attached addendum

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 13,276,310
b. FFY 2027 $ 17,739,124

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
See attached addendum

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
See attached addendum

9. SUBJECT OF AMENDMENT

Coverage and Limitations and Payment for services: Non-Institutional Services Rate Increases

10. GOVERNOR'S REVIEW *(Check One)*

( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
SCOTT PARTIKA

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
December 30, 2025

15. RETURN TO

Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED
December 30, 2025

17. DATE APPROVED
July 24, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Falecia M. Smith

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

CMS-179 Addendum for TN 25-0026

"Coverage and Limitations and Payment for services: Non-Institutional Services Rate Increases**"**

Block 5, Fed statutes/regs
Sections 1905(a)(4), (5), (6), (9), (17), (21) and (28) of the Social Security Act
42 CFR 440.50, 440.60, 440.90, 440.165, and 440.166

Block 7	**Block 8**
Attachment 3.1-A, Item 6-d-11, Page 1 of 1 (New)	
Attachment 4.19-B, Item 4-d, Page 1 of 1	Attachment 4.19-B, Item 4-d, Page 1 of 1 (TN:23-042)
Attachment 4.19-B, Item 5-a, Page 2	Attachment 4.19-B, Item 5-a, Page 2 (TN:25-001)
Attachment 4.19-B, Item 6-d-(4), Page 1 of 1	Attachment 4.19-B, Item 6-d-(4), Page 1 of 1 (TN:25-001)
Attachment 4.19-B, Item 6-d-(5), Page 1 of 1	Attachment 4.19-B, Item 6-d-(5), Page 1 of 1 (TN:25-001)
Attachment 4.19-B, Item 6-d-(6), Page 2 of 2	Attachment 4.19-B, Item 6-d-(6), Page 2 of 2 (TN:25-001)
Attachment 4.19-B, Item 6-d-(11), Page 1 of 1 (New)	
Attachment 4.19-B, Item 9-a, Page 2 of 2	Attachment 4.19-B, Item 9-a, Page 2 of 2 (TN:25-001)
Attachment 4.19-B, Item 17, Page 1 of 1	Attachment 4.19-B, Item 17, Page 1 of 1 (TN:25-001)
Attachment 4.19-B, Item 23, Page 1 of 2	Attachment 4.19-B, Item 23, Page 1 of 2 (TN:25-001)
Attachment 4.19-B, Item 28, Page 1 of 1	Attachment 4.19-B, Item 28, Page 1 of 1 (TN:25-001)

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(11) Clinical Psychologists' services

A non-physician licensed clinical psychologist or clinical child & adolescent psychologist is an individual who is licensed in the State of Ohio and provides services within the scope of practice defined in State law in any setting permissible under State law.

4. d. Tobacco cessation counseling services for pregnant women.

All rates are published on the agency's website at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's tobacco cessation counseling services fee schedule was set as of January 1, 2026, 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.

Payment for pharmacotherapy for cessation of tobacco use by pregnant women is described in Attachment 4.19-B, Item 12-a of this State plan.

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

Each new anesthesia code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates until it is moved to the MSRIAP fee schedule.

The agency adopts new anesthesia codes in accordance with the anesthesia base unit values assigned by the American Society of Anesthesiologists in its "Relative Value Guide". The anesthesia base unit value files are located at https://www.cms.gov/medicare/payment/fee-schedules/physician/anesthesiologists-center.

Additional codes for certain services provided by Anesthesiologists (i.e., trigger-point injections) are located on the State's MSRIAP fee schedule.

Optometrists' services

Optometrists' services are subject to a co-payment, explained in Attachment 4.18-A of the plan.

The agency's rates for dispensing of ophthalmic materials such as contact lenses, low vision aids, etc. are on the eye care services fee schedule published on the agency's website at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates. These rates were set as of January 1, 2026, and are effective for services provided on or after that date.

The agency's physicians' rates found on the MSRIAP fee schedule were set as of January 1, 2026, and are 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.

Services Provided in a Community Behavioral Health Agency

Payment rates for evaluation and management services rendered by physicians operating in a community behavioral health agency certified or licensed by the single state agency or its designee will be a flat fee for each covered service as specified on the established Medicaid fee schedule.

Rates for physicians' services are listed on the agency's MSRIAP and community behavioral health fee schedules published on the agency's website at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's physicians' rates found on the community behavioral health fee schedule were set as of January 1, 2025, and are effective for services provided on or after that date.

Each new Physicians' code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates until it is moved to the MSRIAP fee schedule.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(4) Pharmacist services.

For non-enrolled licensed pharmacists employed by a pharmacy that contracts with Ohio Medicaid, payment for administration of an immunization or other drug by injection is the lesser of the provider's charge or the Medicaid maximum payment specified on the agency's provider-administered injectable pharmaceutical fee schedule. This amount is effective for services provided on or after January 25, 2023.

For licensed pharmacists enrolled with the Department, payment for administration of a covered immunization, injection of medication, or provider-administered pharmaceutical, is the lesser of the billed charge or the Medicaid maximum specified in the agency's provider-administered injectable pharmaceutical fee schedule. Payment for managing medication therapy is the lesser of the billed charge or 85% of the Medicaid maximum specified in the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule. These amounts are effective for services provided on or after January 1, 2026.

All Medicaid payment schedules and rates are published on the agency's website at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

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

d. Other practitioners' services

(5) Physician assistants' services

Payment for physician assistants' services is the lesser of the billed charge or 85% of the Medicaid maximum for the physicians' service specified in the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule.

For a newly-covered procedure, service, or supply represented by a new HCPCS procedure code, the initial Medicaid maximum payment amount is set at 80% of the Medicare allowed amount. Each new physician assistants' code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates until it is moved to the MSRIAP fee schedule.

All Medicaid payment schedules and rates are published on the agency's website at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's MSRIAP fee schedule was set as of January 1, 2026 and is effective for services provided on or after that date. The agency's community behavioral health fee schedule was set as of January 1, 2025 and is effective for services provided on or after that date.

The following payment scenarios apply:

When a physician assistant acts as an assistant-at-surgery for a covered primary surgical procedure, the maximum payment amount for the physician assistant is the lesser of billed charges or 25% of the Medicaid maximum specified for physicians' services in the MSRIAP fee schedule.

Payment rates for evaluation and management services rendered by physician assistants operating in a community behavioral health agency certified or licensed by the single state agency or its designee will be a flat fee for each covered service as specified on the established Medicaid fee schedule. The payment for behavioral health evaluation and management services rendered by physician assistants practicing in a community behavioral health agency will be 100% of the rates Ohio pays to physicians practicing in a community behavioral health agency, as described in Item 5-a of this Attachment.

By-report services require a manual review by the designated staff of the single state agency. The reimbursement methods for by-report services include using the rate of a similar service, product, or procedure, gap filling, applying a percentage of the provider's billed charges, and, when applicable, the Ohio Department of Medicaid (ODM) will utilize the National Drug Code to develop a rate based on the methodologies outlined in Attachment 4.19-B, Item 12-a.

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

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services.

(6) Advanced practice nurses' (APNs') services, other than described elsewhere in this plan.

after August 1, 2019, the payment for behavioral health evaluation and management services rendered by nurse practitioners and clinical nurse specialists practicing in a community behavioral health agency is 100% of the rates Ohio pays to physicians practicing in a community behavioral health agency, as described in Item 5-a of this Attachment.

The maximum payment amount for a procedure performed bilaterally on the same patient by the same provider is the lesser of the submitted charge or 150% of the Medicaid maximum allowed for the same procedure performed unilaterally.

The maximum payment amount for designated surgical procedures performed on the same patient by the same provider is the lesser of (1) the submitted charges or (2) for the primary procedure (the procedure having the highest Medicaid maximum payment), 100% of the Medicaid maximum for surgical procedures as listed on the agency's MSRIAP fee schedule; for the secondary procedure, 50%; and for each additional procedure, 25%.

The maximum payment amount for maternity delivery is the lesser of (1) the submitted charge or (2) for a single delivery or the first delivery of a multiple birth, 100% of the Medicaid maximum from the agency's MSRIAP fee schedule; for the second delivery of a multiple birth, 50%; for the third delivery of a multiple birth, 25%; and for each additional delivery of a multiple birth, zero.

For a newly-covered procedure, service, or supply represented by a new HCPCS procedure code, the initial maximum payment amount is set at 80% of the Medicare allowed amount. Each new APNs' services code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates until it is moved to the MSRIAP fee schedule.

All Medicaid payment schedules and rates are published on the agency's website at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's MSRIAP fee schedule was set as of January 1, 2026, and is effective for services provided on or after that date. The agency's community behavioral health fee schedule was set as of January 1, 2025, and is effective for services provided on or after that date.

By-report services require a manual review by the designated staff of the single state agency. The reimbursement methods for by-report services include using the rate of a similar service, product, or procedure, gap filling, applying a percentage of the provider's billed charges, and, when applicable, the Ohio Department of Medicaid (ODM) will utilize the National Drug Code to develop a rate based on the methodologies outlined in Attachment 4.19-B, Item 12-a.

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

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(11) Clinical Psychologists' Services

Payment for services delivered by a non-physician licensed clinical psychologist or clinical child & adolescent psychologist, as outlined in Attachment 3.1-A, is the lesser of the billed charge or the Medicaid fee schedule established by the State of Ohio. The agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule was set as of January 1, 2026 and is effective for services provided on or after that date.

All rates are published on the Ohio Department of Medicaid (ODM) Fee Schedule and Rates website at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/schedules-and-rates.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private individual providers.

If a Medicaid fee exists for a defined covered procedure code, the State will pay 100% of the Medicaid maximum for the service.

9-a Clinic services, Service-Based Ambulatory Health Care Clinic (AHCC) Services, continued.

ii. All Other AHCCs

Medicaid makes a separate payment for each service or item provided at a AHCC.

Unless otherwise specified, the maximum payment amount for an AHCC service is the lesser of the submitted charge or the Medicaid maximum listed on the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule.

For a newly-covered procedure, service, or supply represented by a new HCPCS procedure code, the initial maximum payment amount is set at 80% of the Medicare allowed amount. Each new AHCC services code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates until it is moved to the MSRIAP fee schedule.

All Medicaid payment schedules and rates are published on the agency's website at https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's MSRIAP fee schedule was set as of January 1, 2026, and is effective for services provided on or after that date.

By-report services require a manual review by the designated staff of the single state agency. The reimbursement methods for by-report services include using the rate of a similar service, product, or procedure, gap filling, applying a percentage of the provider's billed charges, and, when applicable, the Ohio Department of Medicaid (ODM) will utilize the National Drug Code to develop a rate based on the methodologies outlined in Attachment 4.19-B, Item 12-a.

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

17. Nurse-midwife services.

Unless otherwise specified, the maximum payment amount for a service furnished by a certified nurse-midwife (CNM) in a non-hospital setting is the lesser of the submitted charge or the Medicaid maximum listed on the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule; for a service furnished in a hospital setting, the maximum payment amount is 85% of the Medicaid maximum listed on the agency's MSRIAP fee schedule.

Payment for services rendered by a hospital-employed CNM will be made to the hospital.

The maximum payment amount for a procedure performed bilaterally on the same patient by the same provider is the lesser of the submitted charge or 150% of the Medicaid maximum allowed for the same procedure performed unilaterally.

The maximum payment amount for designated surgical procedures performed on the same patient by the same provider is the lesser of (1) the submitted charges or (2) for the primary procedure (the procedure having the highest Medicaid maximum payment), 100% of the Medicaid maximum from the agency's MSRIAP fee schedule; for the secondary procedure, 50%; and for each additional procedure, 25%.

The maximum payment amount for maternity delivery is the lesser of (1) the submitted charge or (2) for a single delivery or the first delivery of a multiple birth, 100% of the Medicaid maximum from the agency's MSRIAP fee schedule; for the second delivery of a multiple birth, 50%; for the third delivery of a multiple birth, 25%; and for each additional delivery of a multiple birth, zero.

For a newly-covered procedure, service, or supply represented by a new HCPCS procedure code, the initial maximum payment amount is set at 80% of the Medicare allowed amount. Each new nurse-midwife code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates until it is moved to the MSRIAP fee schedule.

All Medicaid payment schedules and rates are published on the agency's website at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's MSRIAP fee schedule was set as of January 1, 2026, and is effective for services provided on or after that date.

By-report services require a manual review by the designated staff of the single state agency. The reimbursement methods for by-report services include using the rate of a similar service, product, or procedure, gap filling, applying a percentage of the provider's billed charges, and, when applicable, the Ohio Department of Medicaid (ODM) will utilize the National Drug Code to develop a rate based on the methodologies outlined in Attachment 4.19-B, Item 12-a.

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

23. Certified pediatric and family nurse practitioners' services.

Unless otherwise specified, the maximum payment amount for a service furnished by a certified nurse practitioner (CNP) in a non-hospital setting is the lesser of the submitted charge or the Medicaid maximum listed on the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule; for a service furnished in a hospital setting, the maximum payment amount is 85% of the Medicaid maximum listed on the agency's MSRIAP fee schedule.

Payment for services rendered by a hospital-employed CNP will be made to the hospital.

The maximum payment amount for a procedure performed bilaterally on the same patient by the same provider is the lesser of the submitted charge or 150% of the Medicaid maximum allowed for the same procedure performed unilaterally.

The maximum payment amount for designated surgical procedures performed on the same patient by the same provider is the lesser of (1) the submitted charges or (2) for the primary procedure (the procedure having the highest Medicaid maximum payment), 100% of the Medicaid maximum from the agency's MSRIAP fee schedule; for the secondary procedure, 50%; and for each additional procedure, 25%.

The maximum payment amount for maternity delivery is the lesser of (1) the submitted charge or (2) for a single delivery or the first delivery of a multiple birth, 100% of the Medicaid maximum from the agency's MSRIAP fee schedule; for the second delivery of a multiple birth, 50%; for the third delivery of a multiple birth, 25%; and for each additional delivery of a multiple birth, zero.

For a newly-covered procedure, service, or supply represented by a new HCPCS procedure code, the initial maximum payment amount is set at 80% of the Medicare allowed amount. Each new CNPs' services code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates until it is moved to the MSRIAP fee schedule.

All Medicaid payment schedules and rates are published on the agency's website at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's MSRIAP fee schedule was set as of January 1, 2026, and is effective for services provided on or after that date.

By-report services require a manual review by the designated staff of the single state agency. The reimbursement methods for by-report services include using the rate of a

28. Licensed or otherwise state-approved freestanding birth centers (FBC) and licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center.

Payment for FBC facility services 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 agency's Medicine, Surgery, Radiology and Imaging, and additional procedures (MSRIAP) fee schedule.

Payment for FBC services is based on a reimbursement rate for each HCPCS code. Maximum reimbursement for facility services is the lesser of the provider's billed charges or one hundred percent of the rate listed on the MSRIAP fee schedule.

All Medicaid payment schedules and rates are published on the agency's website at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's MSRIAP fee schedule was set as of January 1, 2026, 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.

In addition to reimbursement for facility services, an FBC may also be reimbursed for laboratory procedures, radiological procedures, and diagnostic and therapeutic procedures provided in connection with a covered FBC procedure. To be reimbursed for these procedures, FBC providers must bill using appropriate HCPCS codes. An FBC will not be reimbursed separately for the professional component of such services.