

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 23-0002

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 21, 2023

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) Transmittal Number 23-0002

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 23-0002. This amendment clarifies state plan language related to the coverage of physician services and eyeglasses. This SPA is for clarification purposes and does not propose any policy changes.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 23-0002 was approved on March 21, 2023, with an effective date of January 1, 2023. Enclosed are copies of the CMS-179 summary form and the approved SPA pages.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tiffany Williams, ODM
Myla Adams, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 2

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 2023

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(5) and (a)(12) of the Act; 42 CFR 440.50, 440.120

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 5-a, page 1 of 1
Attachment 3.1-A, Item 12-d, page 1 of 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Item 5-a, page 1 of 1 (TN 17-005)
Attachment 3.1-A, Item 12-d, page 1 of 1 (TN 18-017)

9. SUBJECT OF AMENDMENT

Coverage and Limitations: Physicians' Services and Eyeglasses: Clarifying limitations language

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 Signature]

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

February 1, 2023

15. RETURN TO

Tiffany Williams
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED

February 1, 2023

17. DATE APPROVED

March 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

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

Physicians' services are covered by Ohio Medicaid in accordance with 42 CFR 440.50.

Services determined by the agency not to be medically necessary will not be covered.

In certain circumstances, the State might use prior authorization to determine medical necessity.

Services furnished by an optometrist within an optometrist's scope of practice are considered to be physicians' services under this plan.

Optometrists' services furnished to a resident of a long-term care facility must be requested in writing by the resident or the resident's authorized representative.

For individuals 21 years of age or older but younger than 60 years of age, one comprehensive vision examination may be provided every 24-month period without prior authorization (PA). Additional comprehensive vision examinations may be provided more frequently if medical necessity criteria are met or if PA is obtained.

For individuals younger than 21 years of age or 60 years of age or older, one comprehensive vision examination may be provided every 12 months without PA. Additional comprehensive vision examinations may be provided more frequently if medical necessity criteria are met or if PA is obtained.

Recipients younger than age twenty-one can access physicians' services without limitation when such services 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.

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

For individuals 21 years of age or older but younger than 60 years of age, one 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.

For individuals younger than 21 years of age or 60 years of age or older, one complete set of eyeglasses (i.e., frame and lenses) may be provided every 12 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.

TN: 23-002

Supersedes:

TN: 18-017

Approval Date: 03/21/2023

Effective Date: 01/01/2023