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State/Territory Name: OH

State Plan Amendment (SPA) #: 13-009

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



March 3, 2016

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

RE: Technical Correction to Ohio State Plan Amendment (SPA) TN 13-009

Dear Mr. McCarthy:

This is a technical correction to TN 13-009 which was approved on November 27, 2013. Effective July 1, 2013, this SPA revised coverage and limitations for laboratory and x-ray services, and clinic services. As authorized by your staff, we are making a pen-and-ink correction to reflect Attachment 3.1-A, Item 9-a, Pages 1 and 2 of 2, consistent with Box 8 on the CMS-179.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Carolyn Humphrey, ODM
Rebecca Jackson, ODM
Gregory Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-009	2. STATE OHIO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2013	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(3) of the Social Security Act Section 1905(a)(9) of the Social Security Act 42 CFR 410 42 CFR 440.30 42 CFR 440.90 42 CFR 493	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 0 thousands b. FFY 2013 \$ 0 thousands
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 3, Page 1 of 2 Pages 1 & 2 of 2 Attachment 3.1-A, Item 9-a, Pages 1 and 2 of 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 3, Page of 1 (TN 12-017) Attachment 3.1-A, Pre-Print Page 4, Item 9, Pages 1 and 2 of 2 (TN 08-001)
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10. SUBJECT OF AMENDMENT:
Laboratory and x-ray services: coverage and limitations and Clinic services: coverage and limitations

11. GOVERNOR'S REVIEW (Check One):

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: Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: JOHN B. MCCARTHY	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: 9/4/2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 4, 2013	18. DATE APPROVED: November 27, 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS:

3. Other laboratory and x-ray services.

Laboratory and x-ray services are covered by Ohio Medicaid in accordance with 42 § CFR 440.30.

Beneficiaries younger than age twenty-one can access other laboratory and x-ray services without limitation when such services are medically necessary.

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

Laboratory services

A laboratory service is covered only if it meets three criteria:

1. It is medically necessary or it is provided in conjunction with a covered medically necessary health service;
2. It is performed by a provider having appropriate certification in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA); and
3. It is performed at the written or electronic request of a practitioner authorized under State law to order it.

Limitations: The following laboratory services are non-covered:

1. Laboratory services that are incidental to, duplicative of, incompatible with, or unnecessary because of another covered health service;
2. Laboratory services performed in conjunction with a non-covered service (e.g., abortion that does not meet federal requirements, sterilization that does not meet federal requirements, infertility service);

X-ray services

Limitations:

1. X-ray services provided by chiropractors:

Coverage is limited to those diagnostic x-rays that are required to determine the existence of a subluxation. Procedure codes and frequencies of service are specified by the State Medicaid Agency.

2. X-ray services provided by portable x-ray suppliers:

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Supersedes:
TN: 12-017

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Coverage is limited to the following radiology procedures:

- a. The taking of skeletal images involving the extremities, pelvis, vertebral column, and skull;
- b. The taking of images of the chest or abdomen; and
- c. The performance of diagnostic mammograms if the provider meets the requirements set forth in 21 CFR part 900 subpart B.

The following procedures are not covered for a portable x-ray supplier:

- a. Procedures involving fluoroscopy;
 - b. Procedures involving the use of contrast media;
 - c. Procedures requiring the administration of a substance to the patient, the injection of a substance into the patient, or special manipulation of the patient;
 - d. Procedures that require the specialized skill or knowledge of a physician; and
 - e. Procedures that are not of a diagnostic nature.
3. X-ray services provided by independent diagnostic testing facilities (IDTFs):

Coverage is limited to diagnostic procedures that do not require CLIA certification.

Most IDTFs provide their services at fixed locations; some IDTFs also provide services in large vehicles that serve as mobile diagnostic imaging centers.

4. X-ray services provided by mammography suppliers:

Coverage is limited to mammography procedures, which are a subset of IDTF services.

9. a. Clinic services.

Clinic services are covered by Ohio Medicaid in accordance with 42 CFR § 440.90.

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

Clinic services under this section are limited to fee-for-service ambulatory health care clinics (AHCCs), defined as free-standing ambulatory health care facilities that furnish outpatient (non-institutional) health care by or under the direction of a physician or dentist, without regard to whether the clinic itself is administered by a physician or dentist.

All Medicaid providers must:

- Render services in compliance with all state and federal laws, including but not limited to licensure and credentialing required for the provision of any service provided; and
- Have the ability and legal authority to provide services for which they bill.

Fee-for-service ambulatory health care clinics (AHCCs) must:

- Be a facility as defined in 42 CFR 440.90;
- Meet the physician direction requirements in accordance with Section 4320, paragraph B of the State Medicaid Manual;
- Be free-standing facilities;
- Furnish outpatient health care by or under the direction of a physician or dentist;
- Not be eligible as a Medicaid provider as a professional association of physicians, dentists, optometrists, opticians, podiatrists, or limited practitioners such as physical therapists, occupational therapists, psychologists, or chiropractors;
- Be enrolled as a Medicare provider; and
- Bill Medicare as the primary insurer for services provided to patients eligible for both Medicare and Medicaid.

Limitations:

- **Primary care clinics** provide health care, health counseling, patient education, diagnosis and treatment of acute and chronic illnesses, and appropriate medication management in coordination/collaboration with other health care professionals and systems. Primary care clinics must have formal working arrangements with other medical providers for the services needed by the consumers beyond the capability of the clinic. Primary care clinics must be certified or accredited by The Joint Commission, The Accreditation Association For Ambulatory Health Care (AAAHC), The Healthcare Facilities Accreditation Program of the American Osteopathic Association, The Community Health Accreditation Program (CHAP), other recognized accrediting agencies, or receive state or federal grant funds for the provision of health services.
- **Public health department clinics** are entities that have legal status as a county or city health department, or combined health district and/or that meet the standards for boards of health and local health departments in Ohio.

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- **Behavioral health clinics** are clinics that provide only mental health and/or addiction services and that do not meet the requirements of any other AHCC type.
- **Outpatient rehabilitation clinics** provide physical therapy, occupational therapy, speech-language pathology services and audiology services and must be certified by Medicare as either an outpatient rehabilitation clinic or a comprehensive outpatient rehabilitation clinic.
- **Family planning clinics** provide services to individuals to enable them to determine freely the number and spacing of their children. Family planning clinics must meet at least one of the following qualifications: Affiliation with the Planned Parenthood Federation of America (PPFA), receive a grant award for the provision of family planning services under Title X of the Public Health Services Act; or receive a grant award through the Ohio Department of Health for family planning services under the child and family health services program, and/or receive a grant award through the Ohio Department of Health's women's health services, in accordance with rule 3701-68-01 of the Administrative Code.
- **Professional optometry school clinics** are clinics accredited by the Accreditation Council on Optometry Education (ACOE) of the American Optometric Association.
- **Professional dental school clinics** are training facilities for a professional dental school, accredited by the Commission On Dental Accreditation (CODA) of the American Dental Association (ADA).
- **Speech-language/audiology clinics** specialize in speech-language/audiology services in accordance with rule 5101:3-4-17 of the Administrative Code and provide services by professionals holding a certificate of clinical competence in speech-language pathology (CCC-SLP) and/or a Certificate of Clinical Competence in Audiology (CCC-A), issued by the American Speech-Language Hearing Association (ASHA).
- **Diagnostic imaging clinics** provide diagnostic imaging services at freestanding diagnostic imaging centers performed by appropriately licensed, registered, and credentialed persons.
- **End-stage renal disease (ESRD) dialysis clinics** are renal dialysis facilities that provide chronic maintenance dialysis for end-stage renal disease, are certified by Medicare as a dialysis facility, and are licensed by the Ohio Department of Health as a dialysis provider.

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