

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 15-004**

This file contains the following documents in the order listed:

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



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March 22, 2017

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

RE: Technical Correction to Approved State Plan Amendment TN 15-004

Dear Ms. Sears:

Enclosed is a technical correction to TN 15-004 which was approved on September 1, 2015 with an effective date of March 31, 2015. At the state's request, we are making a pen-and-ink change to reflect the correct item and page number on Attachment 3.1-A, Item 2-a, Page 1 of 1.

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

Sincerely,

/s/

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

Enclosure

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

September 1, 2015

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

RE: TN 15-004

Dear Mr. McCarthy:

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

Transmittal #15-004                   - Coverage and Limitations - Inpatient and Outpatient  
  Hospital Services  
  - Effective Date: March 31, 2015

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

Sincerely,

/s/

Ruth A. Hughes  
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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-004</b>	2. STATE <b>OHIO</b>
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 DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 31, 2015	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 482 42 C.F.R. 405, Subparts D and E		7. FEDERAL BUDGET IMPACT: a. FFY 2015      \$ 0 b. FFY 2016      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 1, Page 1 of 1 Attachment 3.1-A, <del>Item 2, Page 1 of 2</del> Item 2-a, Page 1 of 1 Attachment 3.1-A, Item 14, Page 1 of 2 Attachment 3.1-A, Item 16, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Item 1, Page 1 of 1 (TN 90-038) Attachment 3.1-A, Item 2, Page 1 of 2 (TN 09-034) Attachment 3.1-A, Item 14, Page 1 of 2 (TN 95-016) Attachment 3.1-A, Item 16, Page 1 of 1 (TN 95-016)	
10. SUBJECT OF AMENDMENT: Coverage and limitations - Inpatient and Outpatient Hospital Services			
11. GOVERNOR'S REVIEW (Check One):			
<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:		16. RETURN TO:	
[Redacted Signature]		Becky Jackson	
13. TYPED NAME: JOHN B. MCCARTHY		Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 3/27/15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 3/27/15		18. DATE APPROVED: 9/1/15	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/31/15		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

**Instructions on Back**

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Inpatient hospital services are provided pursuant to 42 CFR 440.10 and are those services provided to a patient during an inpatient stay in a hospital facility which meets Medicare conditions of participation as defined in 42 C.F.R. 482.

Medicaid does not cover, as an inpatient service, those physicians' services furnished to individual patients. In determining whether services are covered as a physician service or a hospital service, Medicaid uses the criteria adopted by the Medicare program as set forth in 42 CFR 405, Subparts D and E.

Items and services that are not medically necessary or are provided in a medically unnecessary place of service are not covered. These may include: abortions, sterilizations, and hysterectomies not in conformance with federal guidelines; treatment of infertility; services of an experimental nature; and dental procedures which can be performed in the dentist's office or other nonhospital setting.

A limited number of services are covered under the Ohio Medicaid program upon the provider obtaining prior authorization from the Ohio Medicaid agency or its designee. Limits on number or duration of services are not placed on beneficiaries aged 21 and younger when medically necessary.

Also, coverage of inpatient days for treatment of chemical dependency is limited to coverage of services for detoxification. Inpatient care for rehabilitative services related to chemical dependencies is noncovered.

2. a. Outpatient hospital services.

Outpatient services are provided pursuant to 42 CFR 440.20 and those professional services provided to a patient at a hospital facility which meets Medicare conditions of participation. Outpatient services include services provided to a patient admitted as an inpatient whose inpatient stay does not extend beyond midnight of the day of admission. Services included under this benefit also include urgent care services provided in outpatient provider-based settings.

Medicaid does not cover, as an outpatient service, those physicians' services furnished to individual patients. In determining whether services are covered as a physician service or a hospital service, Medicaid uses the criteria adopted by the Medicare program as set forth in 42 CFR 405, Subparts D and E.

Items and services that are not medically necessary or are provided in a medically unnecessary place of service are not covered. These may include: abortions, sterilizations, and hysterectomies not in conformance with federal guidelines; treatment of infertility; services of an experimental nature; and dental procedures which can be performed in the dentist's office or other non-hospital setting.

A limited number of services are covered under the Ohio Medicaid program upon the provider obtaining prior authorization from the Ohio Medicaid agency or its designee. Limits on number or duration of services are not placed on beneficiaries aged 21 and younger when medically necessary.

14. Services for individuals 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Coverage for individuals 65 or older in institutions for mental diseases is limited to inpatient psychiatric services provided in psychiatric hospitals and certain alcohol and/or drug abuse rehabilitation hospitals that are licensed by the Ohio Department of Mental Health and Addiction Services or operated under the State Mental Health Authority and meet federal requirements at 42 CFR 441 Subpart C and 42 CFR §440.140.

Medicaid does not cover, as an inpatient service, those physicians' services furnished to individual patients. In determining whether services are covered as a physician service or a hospital service, Medicaid uses the criteria adopted by the Medicare program as set forth in 42 CFR 405, Subparts D and E.

TN: 15-004  
Supersedes  
TN: 95-016

Approval date: 9/1/15  
Effective date: 3/31/2015

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Coverage for inpatient psychiatric facility services for individuals under 22 years of age is limited to inpatient psychiatric services under the direction of a physician provided in psychiatric hospitals and certain alcohol and/or drug abuse rehabilitation hospitals that are licensed by the Ohio Department of Mental Health and Addiction Services or operated under the State Mental Health Authority and meet federal requirements at 42 CFR 441 Subpart d and 42 CFR §440.160.

Medicaid does not cover, as an inpatient service, those physicians' services furnished to individual patients. In determining whether services are covered as a physician service or a hospital service, Medicaid uses the criteria adopted by the Medicare program as set forth in 42 CFR 405, Subparts D and E.

TN: 15-004  
Supersedes  
TN: 95-016

Approval date: 9/1/15  
Effective date: 3/31/2015