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**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 16-0019**

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



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September 26, 2016

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

RE: TN 16-019

Dear Mr. McCarthy:

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

Transmittal #16-019 - Coverage, Limitations & Payment: Other Laboratory & X-ray Services  
- Effective Date: April 1, 2016

If you have any questions about this SPA, please contact Christine Davidson at (312) 886-3642 or by email at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

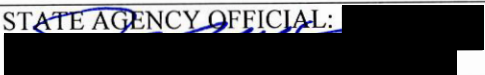
Sincerely,

/s/

Alan Freund  
Acting 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>16-019</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 <b>April 1, 2016</b>	
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"/> <b>AMENDMENT</b> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.30		7. FEDERAL BUDGET IMPACT: a. FFY 2016                      \$0 b. FFY 2017                      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 3, Pages 1 and 2 of 2 Attachment 4.19-B, Item 3, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1-A, Item 3, Pages 1 and 2 of 2 (TN 13-009) Attachment 4.19-B, Item 3, Page 1 of 1 (TN 16-016)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Other laboratory and x-ray services			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The State Medicaid Director is the Governor's designee</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: <u>JOHN B. McCARTHY</u>			
14. TITLE:                      STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: <u>May 19, 2016</u>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <u>May 19, 2016</u>		18. DATE APPROVED: <u>September 26, 2016</u>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>April 1, 2016</u>		20. SIGNATURE OF REGIONAL OFFICIAL: <u>/s/</u>	
21. TYPED NAME: <u>Alan Freund</u>		22. TITLE: <u>Acting Associate Regional Administrator</u>	
23. REMARKS:			

**Instructions on Back**

## 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.

Laboratory services

A laboratory service is covered only if it meets the following 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.

A laboratory service is not covered if it meets either of the following two criteria:

1. It is incidental to, duplicative of, incompatible with, or unnecessary because of another covered health service; or
2. It is 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);

A laboratory service provided to an individual who has received another service that is experimental in nature or that is performed for purposes of research or clinical trial may be covered if it meets all of the following criteria:

1. The laboratory service is medically necessary;
2. The laboratory service is not itself experimental; and
3. The need for the laboratory service did not arise solely because the individual received an experimental service or participated in research or a clinical trial.

## 3. Other laboratory and x-ray services.

X-ray services

X-ray services determined by the department not to be medically necessary will not be covered.

## 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:

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.

A portable x-ray supplier participating in Medicaid must also meet Medicare conditions of participation as a supplier of portable x-ray services.

## 3. X-ray services provided by independent diagnostic testing facilities (IDTFs):

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

## 4. X-ray services provided by mammography suppliers:

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

3. Other laboratory and x-ray services.

Other laboratory and x-ray services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.30.

Payment for other laboratory and x-ray services is the lesser of the billed charge or an amount, based on the Medicaid maximum for the service, **that is not to exceed the Medicare rate on a per-test basis**. The Medicaid maximum for other laboratory services is the amount listed on the Department's laboratory services fee schedule. The Medicaid maximum for x-ray services is the amount listed on the Department's x-ray services fee schedule.

A payment reduction provision applies when more than one advanced imaging procedure is performed by the same provider or provider group for an individual patient in the same session. Payment is made for the primary procedure at 100%, payment for each additional technical component is made at 50%, and payment for each additional professional component is made at 75%. This payment reduction provision takes effect on July 31, 2014.

All rates are published on the agency's website at [medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx](http://medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx).

The agency's laboratory services fee schedule was set as of April 1, 2016 and is effective for services provided on or after that date. The agency's x-ray services fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date.

The following payment scenarios also exist:

By-report services require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are pricing using a similar service, product, or procedure that has an established reimbursement rate, or a percentage of charges. The specific methodology utilized depends on the service, product, or procedure performed.

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

Clinical Diagnostic Lab (CDL) rates attestation

The state attests that it complies with section 1903(i)(7) of the Social Security Act and limits Medicaid payments for clinical diagnostic lab services to the amounts paid by Medicare for those services on a per-test basis (or per billing code basis for a bundled/panel of tests).

TN: 16-019

Supersedes:

TN: 16-016

Approval Date: 9/26/16

Effective Date: 04/01/2016