

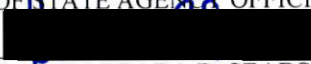
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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18 – 001 Revised	2. STATE OHIO
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 January 1, 2018	
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"/> AMENDMENT		
<i>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</i>		
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(6) and (a)(9) of the Social Security Act 42 CFR 410.21, 440.60 and 440.90	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$256 thousands b. FFY 2019 \$341 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 6-c, page 1 of 1 Attachment 3.1-A, Item 6-d-9, Page 1 of 1 (New) Attachment 4.19-B, Item 6-c, Page 1 of 1 Attachment 4.19-B, Item 6-d-(9), Page 1 of 1 (New) Attachment 4.19-B, Item 9-a, Page 2 of 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Pre-print page 2, Item 6, page 3 of 6 (TN 07-017) Attachment 4.19-B, Item 6-c, Page 1 of 1 (TN 16-016) Attachment 4.19-B, Item 9-a, Page 2 of 2 (TN 17-020)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Addition of Acupuncturists' Services, and Changes to Chiropractic and Clinic Services		
11. GOVERNOR'S REVIEW (<i>Check One</i>):		
<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: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: BARBARA R. SEARS	18. DATE APPROVED: March 1, 2018	
14. TITLE: STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED: <i>January 25, 2018</i>	FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <i>January 25, 2018</i>	PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator	
23. REMARKS:		

Instructions on Back

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

- c. Chiropractor Services – D.C.

Chiropractic services shall be provided only by chiropractors within their scope of practice as defined by state law and in accordance with 42 CFR 410.21 and 440.60.

Chiropractic services are limited to treatments on 30 dates of service per individual per 12-month period for consumers under the age of 21 years old.

Chiropractic services are limited to treatments on 15 dates of service per individual per 12-month period for consumers 21 years of age and older.

Medically necessary acupuncture services rendered by chiropractors are covered by Ohio Medicaid in accordance with 42 CFR 440.60. A chiropractor must hold a current, valid certificate issued by the state chiropractic board to practice acupuncture. Acupuncture services rendered by a chiropractor must be provided consistent with a chiropractor's scope of practice as defined under Ohio law.

Services beyond the above-listed limits may be allowed when medically necessary and approved through the prior authorization process.

TN: 18-001

Supersedes

TN: 07-017

Approval Date: 3/1/18

Effective Date: 01/01/2018

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

(9) Acupuncturists

Medically necessary acupuncture services are covered by Ohio Medicaid in accordance with 42 CFR 440.60.

An acupuncturist must hold a current, valid acupuncturist license issued by the state medical board.

Acupuncture services rendered by an acupuncturist with an acupuncturist license must be provided consistent with an acupuncturist's scope of practice as defined under Ohio law.

Coverage of acupuncture services is limited to 30 acupuncture visits per benefit year. Additional acupuncture services in excess of this limitation are available through prior authorization upon a demonstration of medical necessity.

Recipients younger than age twenty-one can access the services of an acupuncturist with an acupuncturist license without limitation when such services are medically necessary.

TN: 18-001

Supersedes:

TN: New

Approval Date: 3/1/18

Effective Date: 01/01/2018

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.

- c. Chiropractors' services.

Payment 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 Department's fee schedule.

All rates are published on the agency's website at medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx.

The agency's chiropractors' services fee schedule rate was set as of January 1, 2018, 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.

TN: 18-001

Supersedes:

TN: 16-016

Approval Date: 3/1/18

Effective Date: 01/01/2018

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

(9) Acupuncturists' services

Payment for acupuncturists' services is the lesser of the submitted charge or the Medicaid maximum payment amount listed on Ohio Medicaid's Medicine, Surgery, Radiology and Imaging, and Additional Procedures payment schedule. The payment amounts were set as of January 1, 2018 and are effective for acupuncturists' services provided on or after that date.

Payment schedules are published on Ohio Medicaid's website at:

<http://medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates/SchedulesandRates.aspx>.

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

TN: 18-001

Supersedes:

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initial maximum payment amount listed on the agency's MSRIAP fee schedule is set at 80% of the Medicare allowed amount.

By-report services require manual review by the appropriate agency staff. Payment for these services is determined on a case-by-case basis. The specific method used depends on the service; examples include comparison with a similar service that has an established maximum payment rate and application of a percentage of charges.

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

The agency's MSRIAP fee schedule was set as of January 1, 2018, and is effective for services provided on or after that date.

TN: 18-001
Supersedes:
TN: 17-020

Approval Date: 3/1/18

Effective Date: 01/01/2018