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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 22-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Summary Page
- 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

November 22, 2022

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 22-0023

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0023. This amendment proposes to update the state plan by adding coverage and payment provisions for evaluation and management services provided by chiropractors, as permitted under state law.

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 22-0023 was approved on November 21, 2022, with an effective date of June 13, 2022.

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 James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tiffany Williams, ODM
Deborah Benson, CMCS
Brandon Smith, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 2 3</u>	2. STATE <u>OH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 13, 2022	
5. FEDERAL STATUTE/REGULATION CITATION SSA Section 1905(g) and 42 CFR 410.21, 440.60 and 440.130	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>209,000</u> b. FFY <u>2023</u> \$ <u>763,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 6-c, page 1 of 1 Attachment 3.1-A, Item 13-d-3, page 1 of 1 (new) Attachment 4.19-B, Item 6-c, page 1 of 1 Attachment 4.19-B, Item 13-d-(3), page 1 of 1 (new)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Item 6-c, page 1 of 1 (TN 18-001) Attachment 4.19-B, Item 6-c, page 1 of 1 (TN 18-001)	

9. SUBJECT OF AMENDMENT

Coverage/Limitations and Payment for Services: Chiropractic Services E/M Codes

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218
12. TYPED NAME MAUREEN M. CORCORAN	
13. TITLE STATE MEDICAID DIRECTOR	
14. DATE SUBMITTED June 30, 2022	

FOR CMS USE ONLY	
16. DATE RECEIVED June 30, 2022	17. DATE APPROVED 11/21/2022

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL June 13, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

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.

Limits may be exceeded based on medical necessity only for individuals under the age of 21 years old pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions found in Section 1905(r) of the Social Security Act.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

d. Rehabilitative services

3. Acupuncture and evaluation and management services furnished by a licensed chiropractor

Evaluation and management (E/M) services shall be covered by Ohio Medicaid and provided by licensed chiropractors only within their scope of practice as defined by state law and in accordance with 42 CFR440.130(d). Covered E/M services provided by licensed chiropractors are limited to a maximum of four examinations per individual per 12-month period. E/M service limits may be exceeded based on medical necessity only for individuals under the age of 21 years old pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions found in Section 1905(r) of the Social Security Act.

Medically necessary acupuncture services rendered by licensed chiropractors are covered by Ohio Medicaid in accordance with 42 CFR440.130(d). A licensed chiropractor must hold a current, valid certificate issued by the state chiropractic board to practice acupuncture. Acupuncture services rendered by a licensed chiropractor must be provided consistent with a licensed chiropractor's scope of practice as defined under Ohio law.

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TN: New

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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 for covered services described in Attachment 3.1-A, Item 6-c 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 agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) payment schedule.

All Medicaid payment schedules and maximum payment amounts are published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The agency's MSRIAP payment schedule was set as of June 13, 2022, 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.

13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.

d. Rehabilitative services

3. Acupuncture and evaluation and management services furnished by a chiropractor

Payment for covered services described in Attachment 3.1-A, Item 13-d-3 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 agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) payment schedule.

All Medicaid payment schedules and maximum payment amounts are published on the agency's website at <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The agency's MSRIAP payment schedule was set as of June 13, 2022, and is effective for services provided on or after that date.

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