

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: APRIL 16, 2021

TIME: 11:00 A.M.

TELECONFERENCE PHONE NUMBER: (614) 721-2972

TELECONFERENCE PIN: 953 750 571#

LINK TO MICROSOFT TEAMS MEETING FOR HEARING: [CLICK HERE TO JOIN THE MEETING](#)

Pursuant to Chapter 119. and section 5164.02 of the Ohio Revised Code, the director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the amendment of the rules identified below and to hold a public hearing on these rules.

Pursuant to section 106.03 of the Ohio Revised Code, a systematic review has been made of these two rules. As a result, they are being rescinded and replaced with new rules 5160-13-02 and 5160-4-14. In both new rules, the organization is streamlined and phrasing is clarified. In new rule 5160-13-02, five substantive changes are made:

- Coverage of dialysis services for acute kidney injury (AKI) is added.
- Coverage of "Method II" dialysis (revenue center codes 825, 835, 845, and 855) is discontinued.
- Revenue center codes 829, 839, 849, and 859 formerly represented a combination of dialysis self-care training and dialysis treatment. They now represent dialysis self-care training alone; dialysis treatment is reported separately on a claim.
- The per-visit payment amount (PVPA) for a dialysis treatment service includes all applicable related services, tests, equipment, supplies, and incidental instruction that are designated by Medicare as "subject to consolidated billing." Payment amounts for treatment have been increased to include erythropoiesis-stimulating agents (ESAs) and calcimimetic pharmaceuticals, which were previously paid separately.
- The per-visit payment amount (PVPA) for a covered service is stated as a fixed number rather than a formula. PVPAs are listed in a new appendix to the rule.

Pursuant to Sub. H.B. 404 (133rd General Assembly), amending Section 12 of Am. Sub. H. B. 197 (133rd General Assembly), ODM will hold the public hearing for this rule package via teleconference. The date, time, phone number, and PIN (access code) this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to Rules@Medicaid.Ohio.gov no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but do not yet appear on the witness list.

Written comments submitted by e-mail, postal mail, or fax that are received or postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information (PHI) be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent by

e-mail is highly recommended. All persons who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of these rules is available to any person, without charge, at the following locations:

Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215; or

On the internet at <http://www.registerofohio.state.oh.us/>.

Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.