

Rule Summary and Fiscal Analysis (Part A)**Department Of Job And Family Services**

Agency Name

Division Of Medical Assistance

Division

Beth Vogel

Contact

**30 East Broad St. 31st Floor Columbus OH
43215-3414**

Agency Mailing Address (Plus Zip)

614-466-4605

Phone

752-8298

Fax

5101:3-10-22

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Volume ventilators, positive and negative pressure ventilators, continuous positive airway pressure (CPAP), alternating positive airway pressure (APAP), and intermittent positive pressure ventilation (IPPV).**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5111.02**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.01, 5111.02**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

To update and clarify policies and practices relating to mechanical ventilators.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; if the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

The rule addresses medical necessity of mechanical ventilators. Changes were made in paragraph (B)(1) to define invasive and non-invasive mechanical ventilators. Paragraph (B)(2) was amended to clarify medical necessity requirements. Paragraph (B)(3) was added to add coverage for pressure support ventilator with volume control. Paragraph (B)(4) was amended remove invasive mechanical ventilator services with backup rate feature from prior authorization and increase length of prior authorization and clarify information needed for prior authorization. Paragraph (B)(5) clarifies policy around changes in equipment. Paragraph (B)(6) clarifies requirements for licensed respiratory care professional visits. Paragraph (D)(1) was added to define apnea, hypopnea, and the apnea-hypopnea index. Paragraph (D)(2) clarifies medical necessity for continuous positive airway pressure (CPAP) and alternating positive airway pressure (APAP). Paragraph (E) was added to require providers to determine whether equipment is still in use.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

Changes were made based on stakeholder input to broaden eligibility for

secondary/backup ventilators as addressed in paragraph (B)(7). Changes were made to paragraph (B)(6)(a) to provide for separate billing of heated humidifiers.

12. 119.032 Rule Review Date: 7/8/2004

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0

The financial impact of this rule has been accounted in rule 5101:3-1-60, "Medicaid Reimbursement," because the billing codes and medicaid maximum reimbursement are listed in that rule.

The change in policy surrounding secondary or backup ventilators is expected to cost \$55,000 in SFY 2005, and the change in policy surrounding separate reimbursement of heated humidifiers is expected to cost \$230,000 in SFY 2005.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

The appropriation line item 600-525 authorizes the related expenditures.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

It is estimated that there will be no cost of compliance to directly affected persons.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**