

35 MAY 22 P12:32

5101:3-2-01 ELIGIBLE PROVIDERS.

- (A) A HOSPITAL MUST HAVE A CURRENTLY VALID PROVIDER AGREEMENT IN ORDER TO PARTICIPATE IN THE MEDICAID PROGRAM. A "PROVIDER AGREEMENT" IS A CONTRACTUAL AGREEMENT WHEREBY THE PROVIDER AGREES TO ADHERE TO CONDITIONS OF PARTICIPATION AS OUTLINED IN RULE 5101:3-1-172 OF THE ADMINISTRATIVE CODE.

ALL HOSPITALS, EXCEPT THOSE EXCLUDED BELOW, WHICH ARE CERTIFIED BY THE OHIO DEPARTMENT OF HEALTH FOR PARTICIPATION UNDER MEDICARE (TITLE XVIII) ARE ELIGIBLE TO PARTICIPATE IN THE OHIO MEDICAID (TITLE XIX) PROGRAM UPON EXECUTION OF A PROVIDER AGREEMENT. ALSO CONSIDERED TO BE ELIGIBLE IS A HOSPITAL WHICH IS CURRENTLY DETERMINED TO MEET THE REQUIREMENTS FOR TITLE XVIII PARTICIPATION AND HAS IN EFFECT A HOSPITAL UTILIZATION REVIEW PLAN APPLICABLE TO ALL PATIENTS WHO RECEIVE MEDICAL ASSISTANCE UNDER TITLE XIX. THE FOLLOWING HOSPITALS ARE EXCLUDED FROM PARTICIPATION:

- (1) TUBERCULOSIS FACILITIES, AND
- (2) FACILITIES THAT HAVE FIFTY PER CENT OR MORE OF THEIR BEDS REGISTERED PURSUANT TO CHAPTER 3701-59 OF THE ADMINISTRATIVE CODE AS ALCOHOL AND/OR DRUG ABUSE REHABILITATION BEDS, AND HAVE NO BEDS LICENSED AS PSYCHIATRIC BEDS PURSUANT TO CHAPTER 5122-14 OF THE ADMINISTRATIVE CODE.

(B) LIMITATIONS OF PARTICIPATION

THE FOLLOWING FACILITIES SHALL BE ELIGIBLE TO PARTICIPATE IN TITLE XIX ONLY FOR THE PROVISION OF INPATIENT PSYCHIATRIC SERVICES TO RECIPIENTS AGE SIXTY-FIVE OR OLDER IN ACCORDANCE WITH PARAGRAPH (C) OF THIS RULE AND TO RECIPIENTS UNDER AGE TWENTY-ONE IN ACCORDANCE WITH PARAGRAPH (D) OF THIS RULE.

- (1) A HOSPITAL WITH FIFTY PER CENT OR MORE OF ITS BEDS REGISTERED AS ALCOHOL AND/OR DRUG ABUSE REHABILITATION BEDS THAT ALSO HAS BEDS LICENSED AS PSYCHIATRIC BEDS PURSUANT TO CHAPTER 5122-14 OF THE ADMINISTRATIVE CODE.
- (2) HOSPITALS WHICH HAVE AT LEAST HALF OF THEIR BEDS LICENSED AS PSYCHIATRIC BEDS PURSUANT TO CHAPTER 5122-14 OF THE ADMINISTRATIVE CODE OR OPERATED UNDER THE AUTHORITY OF THE STATE MENTAL HEALTH AUTHORITY IN ACCORDANCE WITH SECTION 5119.01 OF THE REVISED CODE.

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- (3) HOSPITALS WHICH HAVE HALF OR MORE OF THEIR DISCHARGES IN ANY SIX-MONTH TIME PERIOD REVIEWED BY THE OHIO DEPARTMENT OF HUMAN SERVICES AND DETERMINED TO BE FOR PSYCHIATRIC AND/OR SUBSTANCE ABUSE TREATMENT.
- (C) HOSPITALS THAT ARE ELIGIBLE TO PARTICIPATE ONLY FOR THE PROVISION OF INPATIENT PSYCHIATRIC SERVICES IN ACCORDANCE WITH PARAGRAPH (B) OF THIS RULE AND ARE RENDERING INPATIENT PSYCHIATRIC SERVICES TO RECIPIENTS AGE SIXTY-FIVE OR OLDER MUST BE CERTIFIED BY MEDICARE FOR REIMBURSEMENT OF SERVICES, AND MUST BE LICENSED BY THE OHIO DEPARTMENT OF MENTAL HEALTH IN ACCORDANCE WITH CHAPTER 5122-14 OF THE ADMINISTRATIVE CODE OR OPERATED UNDER THE AUTHORITY OF THE STATE MENTAL HEALTH AUTHORITY IN ACCORDANCE WITH SECTION 5119.01 OF THE REVISED CODE, AND MUST PROVIDE SERVICES IN ACCORDANCE WITH CHAPTER 5122-14 OF THE ADMINISTRATIVE CODE. HOSPITALS SHALL OPERATE PURSUANT TO THE PROVISIONS OF TITLE 42, SUBSECTION 441, SUBPART C OF THE CODE OF FEDERAL REGULATIONS.
- (D) HOSPITALS THAT ARE ELIGIBLE TO PARTICIPATE ONLY FOR THE PROVISION OF INPATIENT PSYCHIATRIC SERVICES IN ACCORDANCE WITH PARAGRAPH (B) OF THIS RULE AND ARE RENDERING INPATIENT PSYCHIATRIC SERVICES FOR RECIPIENTS UNDER AGE TWENTY-ONE MUST:
- (1) PROVIDE SERVICES UNDER THE DIRECTION OF A PHYSICIAN;
 - (2) OPERATE PURSUANT TO THE PROVISIONS OF TITLE 42, SUBSECTION 441, SUBPART D OF THE CODE OF FEDERAL REGULATIONS.
 - (3) BE A PSYCHIATRIC HOSPITAL OR AN INPATIENT PROGRAM IN A PSYCHIATRIC HOSPITAL, EITHER OF WHICH IS CERTIFIED BY MEDICARE FOR REIMBURSEMENT OF SERVICES AND ACCREDITED BY THE "JOINT COMMISSION ON ACCREDITATION OF HOSPITALS," AND MUST BE LICENSED BY THE OHIO DEPARTMENT OF MENTAL HEALTH IN ACCORDANCE WITH CHAPTER 5122-14 OF THE ADMINISTRATIVE CODE OR OPERATED UNDER THE AUTHORITY OF THE STATE MENTAL HEALTH AUTHORITY IN ACCORDANCE WITH SECTION 5119.01 OF THE ADMINISTRATIVE CODE, AND MUST PROVIDE SERVICES IN ACCORDANCE WITH CHAPTER 5122-14 OF THE ADMINISTRATIVE CODE; AND

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(4) PROVIDE SERVICES BEFORE THE RECIPIENT REACHES AGE TWENTY-ONE OR, IF THE RECIPIENT WAS RECEIVING SERVICES IMMEDIATELY BEFORE HE/SHE REACHED AGE TWENTY-ONE, BEFORE THE EARLIER OF THE FOLLOWING:

- (a) THE DATE HE/SHE NO LONGER REQUIRES THE SERVICES;
OR
- (b) THE DATE HE/SHE REACHES AGE TWENTY-TWO.

Replaces Rule 5101:3-2-01

Effective Date: JUN 01 1995

Certification: *Donald R. Taylor*

MAY 22 1995
Date

Promulgated Under RC Chapter 119.

Statutory Authority RC Section 5111.02

Rule Amplifies RC Sections 5111.01 and 5111.02

Prior Effective Dates: 4/7/77, 12/21/77, 6/1/85, 10/1/87,
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5101:3-2-02 General provisions: hospital services.

- (A) The Ohio medicaid program provides payment for medically necessary covered inpatient and outpatient services provided to eligible medicaid recipients by an eligible hospital provider as defined in rule 5101:3-2-01 of the Administrative Code, subject to the provisions of this chapter and Chapter 5101:3-1 of the Administrative Code (relating to general provisions).
- (B) The following words and terms, when used in this chapter have the following meanings, unless the context clearly indicates otherwise:
- (1) "Inpatient" - A patient who is admitted to a hospital on recommendation of a physician or dentist and whose inpatient stay continues beyond midnight of the day of admission.
 - (2) "Inpatient services" - Services which are ordinarily furnished in a hospital as defined in rule 5101:3-2-01 of the Administrative Code for the care and treatment of inpatients. Inpatient services include all covered services provided to patients during the course of their inpatient stay, whether furnished directly by the hospital or under arrangement, except for direct-care services provided by physicians, podiatrists, and dentists. Inpatient hospital services exclude direct-care physician services except as provided in rule 5101:3-4-04 of the Administrative Code. Emergency room services are covered as an inpatient service when a patient is admitted from the emergency room.
 - (3) "Outpatient" - A patient who is not an inpatient as defined in paragraph (B)(1) of this rule and who receives outpatient services at a hospital or at a hospital's off-site unit which has been extended accreditation by the "Joint Commission of Accreditation of Health Care Organizations," the "American Osteopathic Association" and/or is certified under Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as amended. Outpatient includes a patient admitted as an inpatient whose inpatient stay does not extend beyond midnight of the day of admission except in instances when, on the day of admission, a patient dies or is transferred to another inpatient unit within the hospital, to another hospital, or to a state psychiatric facility.

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- (4) "Outpatient services" - Diagnostic, therapeutic, rehabilitative, or palliative treatment or services furnished by or under the direction of a physician or dentist which are furnished to an outpatient by a hospital as defined in rule 5101:3-2-01 of the Administrative Code. Outpatient services do not include direct-care services provided by physicians, podiatrists and dentists. Outpatient services exclude direct-care physician services except as provided in rule 5101:3-4-04 of the Administrative Code.
- (5) "Diagnostic related groups (DRGs)" - DRGs are a patient classification system that reflects clinically cohesive groupings of services that consume similar amounts of hospital resources. The grouping logic used to develop relative weights is described in rule 5101:3-2-073 of the Administrative Code. The groupings used to assign cases to a DRG for claims payment are identified in rule 5101:3-2-0711 of the Administrative Code.
- (6) "Average" is the arithmetic mean obtained by dividing a sum by the number of its observations.
- (7) "Geometric mean" is the nth root of the product of n factors.
- (8) "Psychiatric unit distinct part" is a distinct part recognized by medicare in accordance with 42 CFR 412.23(a), 412.25(a), and 412.27.
- (9) "Level I nursery" is a nursery unit within a hospital which is registered with and recognized by the Ohio department of health as a level I nursery. "Level II nursery" is a nursery unit within a hospital which is registered with and recognized by the Ohio department of health as a level II nursery.
- (10) "Level III nursery" is a nursery unit within a hospital that is registered with and recognized by the Ohio department of health as a level III nursery.
- (11) "Standard deviation" is the square root of the arithmetic mean of the squares of the deviations from the arithmetic mean.

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- (12) "Principal diagnosis" is the diagnosis established after study to be chiefly responsible for causing the patient's admission to the hospital.
- (13) "Medically necessary services" are services which are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. A medically necessary service must:
- (a) Meet accepted standards of medical practice;
 - (b) Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;
 - (c) Be appropriate to the intensity of service and level of setting;
 - (d) Provide unique, essential, and appropriate information when used for diagnostic purposes.
- (14) Transfer.
- A hospital inpatient is "transferred" when the patient has been moved from a hospital which receives payment under the department's prospective payment system to any other hospital, including state psychiatric facilities.
- (15) Readmissions.
- For hospitals paid under the department's prospective payment system, a "readmission" is an admission to the same institution within thirty days of discharge.
- (16) Discharges.
- A patient is said to be "discharged" when he or she:
- (a) Is formally released from a hospital;
 - (b) Dies while hospitalized;

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- (c) Is discharged, within the same hospital, from an acute care bed and admitted to a bed in a psychiatric unit distinct part as described in paragraph (B)(8) of this rule or is discharged within the same hospital, from a bed in a psychiatric unit distinct part to an acute care bed. Rule 5101:3-2-0711 of the Administrative Code explains the payment methodology for this type of a discharge; or
 - (d) Signs self out against medical advice (AMA).
- (17) "Observation services" are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for possible admission to the hospital as an inpatient.
- (C) Billing: All inpatient and outpatient hospital services must be billed on the UB-92 using the revenue center codes as shown in appendix A to this rule. Definitions of the revenue centers identified in appendix A to this rule are as found in "The Ohio Uniform Billing Instruction Manual" as published by the "Ohio Uniform Billing Committee."

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ITEM 51 REVENUE CODE AND DESCRIPTION

IP - Inpatient OP - Outpatient
C - Covered Service N - Noncovered Service

<u>General Category</u>	<u>1st Two Digits</u>	<u>3rd Digit Detail Description</u>	<u>IP</u>	<u>OP</u>
Total Charge	00...	1 - Total charge for claim	C	C
All inclusive rate	10...	0 - All inclusive - Room and Board + Ancillary	C	N
		1 - All inclusive - Room and Board	N	N
Room and Board Private (Medical or General)	11...	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
		9 - Other	C	C
Room and Board Semi-Private Two Bed (Medical or General)	12...	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
		9 - Other	C	C

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APPENDIX A
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ITEM 51 REVENUE CODE AND DESCRIPTION

IP - Inpatient OP - Outpatient
C - Covered Service N - Noncovered Service

<u>General Category</u>	<u>1st Two Digits</u>	<u>3rd Digit Detail Description</u>	<u>IP</u>	<u>OP</u>
Room and Board Semi-Private 3 and 4 bed (Medical or General)	13...	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
		9 - Other	C	C
Room and Board Private - Deluxe	14...	0 - General Classification	N	N
		1 - Medical/Surgical/Gyn	N	N
		2 - OB	N	N
		3 - Pediatric	N	N
		4 - Psychiatric	N	N
		5 - Hospice	N	N
		6 - Detoxification	N	N
		7 - Oncology	N	N
		8 - Rehabilitation	N	N
		9 - Other	N	N
Room and Board Ward (Medical or General)	15...	0 - General Classification	C	C
		1 - Medical/Surgical/Gyn	C	C
		2 - OB	C	C
		3 - Pediatric	C	C
		4 - Psychiatric	C	C
		5 - Hospice	N	N
		6 - Detoxification	C	C
		7 - Oncology	C	C
		8 - Rehabilitation	C	C
		9 - Other	C	C

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ITEM 51 REVENUE CODE AND DESCRIPTION

IP - Inpatient OP - Outpatient
C - Covered Service N - Noncovered Service

<u>General Category</u>	<u>1st Two Digits</u>	<u>3rd Digit Detail Description</u>	<u>IP</u>	<u>OP</u>
Other Room and Board	16...	0 - General Classification	C	C
		4 - Sterile Environment	C	C
		7 - Self Care	N	N
		9 - Other	C	C
Nursery	17...	0 - General Classification	C	C
		1 - Newborn - <u>LEVEL I</u>	C	C
		2 - NEWBORN - <u>LEVEL II</u> Premature	C	N
		<u>3</u> - NEWBORN - <u>LEVEL III</u>	<u>C</u>	<u>N</u>
		<u>4</u> - NEWBORN - <u>LEVEL IV</u>	<u>C</u>	<u>N</u>
		5 - Neonatal ICU	C	N
		9 - Other	C	C
Leave of Absence	18...	0 - General Classification	N	N
		2 - Patient convenience	N	N
		3 - Therapeutic Leave	N	N
		4 - ICF/MR-Any reason	N	N
		5 - Nursing Home (for hospitalization)	N	N
		9 - Other Leave or Absence	N	N
Intensive Care	20...	0 - General Classification	C	N
		1 - Surgical	C	N
		2 - Medical	C	N
		3 - Pediatric	C	N
		4 - Psychiatric	C	N
		6 - Post ICU	C	N
		7 - Burn Care	C	N
		8 - Trauma	C	N
		9 - Other Intensive Care	C	N

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