

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)

f. Personal Care Services (Continued)

The department's fee schedule rate established for personal care aide services provided in a recipient's home will be based on the weighted average of maximum allowed rates for personal care services provided through Ohio's approved Medicaid home and community-based services waiver programs. The weighted average rate will be based upon approved Table "D" values and approved recipient slots ("C" values) in those waiver programs. The department's fee schedule rate established for personal care aide services provided in a recipient's home which also meets the definition of a residential facility of three beds or less, licensed under Ohio Revised Code Section 5119.22 or 5123.19 shall be no more than 80 percent of the fee schedule rate as determined above for personal care services in a recipient's home. This is due to the lower costs resulting from the eligible Medicaid recipient's anticipated choice of utilizing personal care aide services from a provider already affiliated with the licensed residential facility.

Personal Care Assessment Services

Payment is made to providers according to the lesser of the billed charge or the department's fee schedule for personal care assessment services.

The fee schedule rate established for personal care assessment services is based on the department's fee schedule payments for home health nursing assessment services reimbursed by Medicaid.

Personal Care Supervisory Visits

Payment is made to providers according to the lesser of the billed charge or the department's fee schedule for personal care supervisory visits in a recipient's home.

The fee schedule rate established for personal care supervisory visits in a recipient's home is based on the department's fee schedule payments for home health nursing services reimbursed by Medicaid.

TNS # 90-38
SUPERSEDES
TNS # 90-35

APPROVAL DATE 10-12-90
EFFECTIVE DATE 7/1/90

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary (Continued).

23-f. Personal Care Services.

Personal care services in a recipient's home, prescribed in accordance with a plan of treatment, and provided by a qualified person under supervision of a registered nurse:

Covered personal care aide services delivered to eligible Medicaid recipients are limited to medically oriented tasks which are:

1. Rendered in the recipient's home, which is not a residential facility of more than three beds;
2. Prescribed by a physician;
3. Provided in accordance with a prescribed plan of treatment which is reviewed at least once every six months; and
4. Provided by a qualified individual who is supervised at least every three months by a registered nurse, and when appropriate, another qualified practitioner of the healing arts. The supervisor, who must meet standards adopted by this department, observes and evaluates the overall health of the recipient, and reviews the recipient's plan of care.

Covered services may include assistance with activities of daily living, and/or assistance with instrumental activities of daily living, as long as no more than one-third of the time spent on services relates to instrumental activities of daily living, and if these latter activities are incidental to the recipient's health care needs.

Examples of typical services that are not acceptable personal care aide services are skilled nursing services, or any other services which, due to the nature of the services, require the skills of a licensed health professional.

Services will be rendered through public, proprietary, or not-for-profit agencies or providers of health care services which meet standards adopted by this department, and which employ and/or contract with the following:

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SUPERSEDES
TNS # 90-35

APPROVAL DATE 10/2/90
EFFECTIVE DATE 7/1/90

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary (Continued).

23-f. Personal Care Services (Continued).

- a. personal care aides who meet standards adopted by this department and who are not related to the recipients for whom they provide personal care aide services;
- b. registered nurses, and when appropriate, other qualified practitioners of the healing arts who meet standards adopted by this department, and who are not related to the individual for whom they provide personal care services.

TNS # 90-38
SUPERSEDES
TNS # 90-35

APPROVAL DATE 10-12-90
EFFECTIVE DATE 2/1/90

STATE OF OHIO

COUNTIES	ODHS OB/GYN	ODH OB/GYN	%ODH ON ODHS	PROV ON ODHS	GEN PRAC	ODHS PRAC	FAM+GEN PRAC	ODH PRAC	%ODH ON ODHS	PROV ON ODHS	ODHS PED	ODH PED	%ODH ON ODHS
1 ADAMS	0	0	n/a	n/a		7		8	87.50%		1	1	100.00%
2 ALLEN	8	9	88.89%			33		39	84.62%		1	7	100.00%
3 ASHLAND	4	5	80.00%			13		14	92.86%		2	3	100.00%
4 ASHTABULA	7	7	100.00%			22		26	84.62%		6	6	100.00%
5 ATHENS	3	5	60.00%			29		40	72.50%		4	4	100.00%
6 AUGLAIZE	2	2	100.00%			16		20	80.00%		0	0	n/a
7 BELMONT	4	5	80.00%			20		22	90.91%		2	3	66.67%
8 BROWN	4	5	80.00%			6		9	66.67%		2	2	100.00%
9 BUTLER	21	23	91.30%			42		56	75.00%		18	26	69.23%
10 CARROLL	0	0	n/a			5		6	83.33%		0	0	n/a
11 CHAMPAIGN	0	0	n/a			7		9	77.78%		0	0	n/a
12 CLARK	10	13	76.92%			23		33	69.70%		6	6	100.00%
13 CLERMONT	3	3	100.00%			12		16	75.00%		5	5	100.00%
14 CLINTON	3	3	100.00%			10		14	71.43%		3	4	75.00%
15 COLUMBIANA	6	6	100.00%			32		40	80.00%		4	4	100.00%
16 COSHOCTON	0	0	n/a			7		7	100.00%		2	2	100.00%
17 CRAWFORD	2	2	100.00%			17		17	100.00%		1	1	100.00%
18 CUYAHOGA	184	260	70.77%			256		401	63.84%		247	369	66.94%
19 DARKE	1	1	100.00%			14		17	82.35%		3	3	100.00%
20 DEFIANCE	3	4	75.00%			11		14	78.57%		2	2	100.00%
21 DELAWARE	4	4	100.00%			18		18	100.00%		4	4	100.00%
22 ERIE	7	8	87.50%			20		28	71.43%		6	7	85.71%
23 FAIRFIELD	5	7	71.43%			23		33	69.70%		4	5	80.00%
24 FRANKLIN	1	1	100.00%			7		9	77.78%		1	1	100.00%
25 FRANKLIN	95	138	68.84%			272		416	65.38%		150	183	81.97%
26 FULLTON	0	0	n/a			14		15	93.33%		0	0	n/a
27 GALLIA	5	6	83.33%			10		11	90.91%		5	5	100.00%
28 GAUGA	5	7	71.43%			23		26	88.46%		5	6	83.33%
29 GREENE	5	7	71.43%			32		44	72.73%		8	12	66.67%
30 GUERNSEY	3	4	75.00%			10		13	76.92%		2	2	100.00%
31 HAMILTON	121	169	71.60%			182		270	67.41%		192	253	75.89%
32 HANCOCK	6	7	85.71%			12		14	85.71%		5	5	100.00%
33 HARDIN	0	0	n/a			8		9	88.89%		0	0	n/a
34 HARRISON	0	0	n/a			4		5	80.00%		0	0	n/a
35 HENRY	1	1	100.00%			5		5	100.00%		1	1	100.00%
36 HIGHLAND	2	2	100.00%			9		12	75.00%		2	2	100.00%
37 HOCKING	1	1	100.00%			4		5	80.00%		1	1	100.00%
38 HOLMES	1	1	100.00%			9		11	81.82%		1	1	100.00%
39 HURON	3	5	60.00%			14		23	60.87%		2	2	100.00%
40 JACKSON	0	0	n/a			8		12	66.67%		1	1	100.00%
41 JEFFERSON	8	9	88.89%			12		16	75.00%		4	4	100.00%
42 KNOX	3	4	75.00%			12		14	85.71%		2	3	66.67%
43 LAKE	15	18	83.33%			38		46	82.61%		11	15	73.33%
44 LAWRENCE	2	2	100.00%			8		12	66.67%		2	3	66.67%
45 LICKING	8	9	88.89%			31		38	81.58%		5	8	62.50%
46 LOGAN	3	3	100.00%			13		19	68.42%		3	3	100.00%
47 LORAIN	14	16	87.50%			53		63	84.13%		11	14	78.57%
48 LUCAS	61	81	75.31%			157		222	70.72%		72	82	87.80%
49 MADISON	1	1	100.00%			13		14	92.86%		0	0	n/a
50 MAHONING	24	34	70.59%			76		99	76.77%		23	36	63.89%
51 MARION	7	8	87.50%			12		14	85.71%		7	8	87.50%
52 MEDINA	6	8	75.00%			28		33	84.85%		5	8	62.50%
53 MEigs	0	0	n/a			6		7	85.71%		0	0	n/a

TNS # 90-36
SUPERSEDES
TNS # NEW

APPROVAL DATE 8-28-90
EFFECTIVE DATE 4/1/90

COUNTIES

	ODHS OB/GYN	ODH OB/GYN	%ODH ON ODHS	PROV	GEN PRAC	ODHS PRAC	FAM+GEN PRAC	ODH ON ODHS	%ODH PROV	ODHS PED	ODH PED	%ODH PROV ON ODHS
54 MERCER	1	1	100.00%			11	16	68.75%		2	2	100.00%
55 MIAMI	8	9	88.89%			29	34	85.29%		5	5	100.00%
56 MONROE	0	0	n/a			3	3	100.00%		1	1	100.00%
57 MONTGOMERY	65	83	78.31%			175	277	63.18%		57	82	69.51%
58 MORGAN	0	0	n/a			4	5	80.00%		0	0	n/a
59 MORROW	0	0	n/a			3	5	60.00%		0	0	n/a
60 MUSKINGUM	7	8	87.50%			16	25	64.00%		7	8	87.50%
61 NOBLE	0	0	n/a			3	4	75.00%		0	0	n/a
62 OTTAWA	1	1	100.00%			12	15	80.00%		1	1	100.00%
63 PAULDING	0	0	n/a			8	9	88.89%		0	0	n/a
64 PERRY	0	0	n/a			13	10	80.00%		0	0	n/a
65 PICKAWAY	0	0	n/a			8	10	80.00%		0	0	n/a
66 PIKE	1	1	100.00%			13	15	86.67%		1	1	100.00%
67 PORTAGE	0	0	n/a			10	11	90.91%		0	0	n/a
68 PREBLE	7	9	77.78%			24	31	77.42%		4	5	80.00%
69 PUTNAM	0	0	n/a			9	14	92.86%		0	0	n/a
70 RICHLAND	0	0	n/a			13	14	92.86%		0	0	n/a
71 ROSS	11	12	91.67%			20	24	83.33%		6	8	75.00%
72 SANDUSKY	6	6	100.00%			11	17	64.71%		5	5	100.00%
73 SCIOTO	4	4	100.00%			20	22	90.91%		3	3	100.00%
74 SENECA	6	6	100.00%			18	20	90.00%		3	3	100.00%
75 SHELBY	4	4	100.00%			16	18	88.89%		2	2	100.00%
76 STARK	1	1	100.00%			12	12	100.00%		2	2	100.00%
77 SUMMIT	38	51	74.51%			93	127	73.23%		30	35	85.71%
78 TRUMBULL	47	62	75.81%			139	192	72.40%		52	72	72.22%
79 TUSCARAWAS	14	17	82.35%			56	69	81.16%		14	18	77.78%
80 UNION	3	4	75.00%			21	24	87.50%		3	3	100.00%
81 VAN WERT	1	1	100.00%			8	9	88.89%		0	0	n/a
82 VINTON	2	2	100.00%			8	8	100.00%		1	1	100.00%
83 WARREN	0	0	n/a			2	2	100.00%		0	0	n/a
84 WASHINGTON	0	0	n/a			25	35	71.43%		3	5	60.00%
85 WAYNE	5	5	100.00%			20	24	83.33%		2	2	100.00%
86 WILLIAMS	6	7	85.71%			31	38	81.58%		3	3	100.00%
87 WOOD	3	3	100.00%			11	12	91.67%		3	3	100.00%
88 WYANDOT	2	3	66.67%			25	37	67.57%		6	7	85.71%
TOTALS	926	1215	76.21%			2608	3567	73.11%		1068	1402	76.18%

ODHS - Columns labeled ODHS reflect Ohio Medicaid providers listed as active whose primary specialty is either OB/GYN, General Practice, or Pediatrics.

ODH - Columns labeled ODH reflect data compiled by the Ohio Department of Health from the 1990 master tape of the Ohio State Medical Board on ODH Prov

% ODH Prov - These columns reflect the percent of providers identified by the Health Dept. that are also enrolled as Medicaid providers

TNS # 90-36
SUPERSEDES
~~TNS #~~ NEW

APPROVAL DATE 8-28-90
EFFECTIVE DATE 4/1/90

STATE OF OHIO

STATE PLAN AMENDMENTS REGARDING OBSTETRICAL
AND PEDIATRIC
FEE-FOR-SERVICE PAYMENT RATES

CODE	DESCRIPTION	AMOUNT
NEW PATIENT		
90000	OFFICE MEDICAL SERVICE, NEW PATIENT; BRIEF SERVICE	\$15.78
90010	LIMITED SERVICE	\$18.91
90015	INTERMEDIATE SERVICE	\$22.06
90017	EXTENDED SERVICE	\$26.27
90020	COMPREHENSIVE SERVICE	\$29.42
ESTABLISHED PATIENT		
90030	OFFICE MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	\$5.25
90040	BRIEF SERVICE	\$12.61
90050	LIMITED SERVICE	\$15.76
90060	INTERMEDIATE SERVICE	\$18.91
90070	EXTENDED SERVICE	\$24.16
90080	COMPREHENSIVE SERVICE	\$29.42
EMERGENCY DEPARTMENT SERVICES		
90500	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; MINIMAL SERVICE	\$6.72
90505	BRIEF SERVICE	\$18.05
90510	LIMITED SERVICE	\$21.30
90515	INTERMEDIATE SERVICE	\$24.33
90517	EXTENDED SERVICE	\$40.89
90520	COMPREHENSIVE SERVICE	\$46.14

ESTABLISHED PATIENT

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90530	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	\$5.25
90540	BRIEF SERVICE	\$12.61
90550	LIMITED SERVICE	\$15.76
90560	INTERMEDIATE SERVICE	\$18.91
90570	EXTENDED SERVICE	\$24.16
90580	COMPREHENSIVE SERVICE	\$29.42

IMMUNIZATION INJECTIONS

90701	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETNUS TOXOIDS AND PERTUSSIS VACCINE (DTP)	*
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT)	\$3.78
90704	MUMPS VIRUS VACCINE, LIVE	\$10.67
90705	MEASLES VIRUS VACCINE, LIVE, ATTENUATED	\$9.52
90706	RUBELLA VIRUS VACCINE, LIVE	\$9.87
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE	*
90708	MEASLES AND RUBELLA VIRUS VACCINE, LIVE	\$14.08
90709	RUBELLA AND MUMPS VIRUS VACCINE, LIVE	\$16.23
90712	POLIOVIRUS VACCINE, LIVE, ORAL (ANY TYPE(S))	*
90737	HEMOPHILUS INFLUENZA B	\$16.30

*THESE IMMUNIZATIONS ARE PROVIDED FREE
TO MEDICAID PROVIDERS FOR ADMINISTRATION
TO MEDICAID RECIPIENTS. ADDITIONALLY,
PROVIDERS ARE REIMBURSED \$2.07

PREVENTIVE MEDICINE

NEW PATIENT

90751	INITIAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL INCLUDING ANTICIPATORY GUIDANCE; ADOLESCENT (AGE 12 THROUGH 17)	\$36.24
90752	LATE CHILDHOOD (AGE 5 THROUGH 11 YEARS)	\$36.24
90753	EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)	\$36.24

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90754	INFANT (AGE UNDER 1 YEAR)	\$36.24
90755	INFANT CARE TO ONE YEAR OF AGE, WITH A MAXIMUM OF 12 OFFICE VISITS DURING REGULAR OFFICE HOURS, INCLUDING TUBERCULIN SKIN TESTING AND IMMUNIZATION OF DTP AND ORAL POLIO	N.C.
90757	NEWBORN CARE, IN OTHER THAN HOSPITAL SETTING, INCLUDING PHYSICAL EXAMINATION OF BABY AND CONFERENCE(S) WITH PARENT(S)	\$31.06
ESTABLISHED PATIENT		
90761	INTERVAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING ANTICIPATORY GUIDANCE, PERIODIC TYPE OF EXAMINATION; ADOLESCENT (AGE 12 THROUGH 17 YEARS)	\$31.06
90762	LATE CHILDHOOD (AGE 1 THROUGH 11 YEARS)	\$31.06
90763	EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)	\$31.06
90764	INFANT (AGE UNDER 1 YEAR)	\$31.06
90774	ADMINISTRATION AND MEDICAL INTERPRETATION OF DEVELOPMENTAL TESTS	\$12.42
90778	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT	BY REPORT
MATERNITY CARE AND DELIVERY		
INCISION		
59020	FETAL OXYTOCIN STRESS TEST	\$51.77
59025	FETAL NON-STRESS TEST	\$36.24
59030	FETAL SCALP BLOOD SAMPLING;	\$30.00
59031	REPEAT: (DELETED IN CPT 1990)	BY REPORT
59050	INITIATION AND/OR SUPERVISION OF INTERNAL FETAL MONITORING DURING LABOR BY CONSULTANT	\$34.37

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REPAIR

59300	EPISIOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING PHYSICIAN SIMPLE	\$31.06
59305	EXTENSIVE (DELETED IN CPT 1990) DELIVERY, ANTEPARTUM AND POSTPARTUM CARE	\$62.12
59400	TOTAL OBSTETRIC CARE (ALL-INCLUSIVE, "GLOBAL" CARE) INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS OR BREECH DELIVERY) AND POSTPARTUM CARE	N.C.
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY, FORCEPS OR BREECH DELIVERY INCLUDING IN-HOSPITAL POSTPARTUM CARE (SEPARATE PROCEDURE)	\$400.00
59412	EXTERNAL CAPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$250.00
59420	ANTEPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$20.71
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$22.78

CESAREAN SECTION

59500	CESAREAN SECTION, LOW CERVICAL, INCLUDING IN-HOSPITAL POSTPARTUM CARE; (SEPARATE PROCEDURE)	\$500.00
59501	INCLUDING ANTEPARTUM AND POSTPARTUM CARE	N.C.
59520	CESAREAN SECTION, CLASSIC, INCLUDING IN-HOSPITAL POSTPARTUM CARE; (SEPARATE PROCEDURE)	\$468.00
59521	INCLUDING ANTEPARTUM AND POSTPARTUM CARE	N.C.
59540	CESAREAN SECTION, EXTRAPERITONEAL, INCLUDING IN-HOSPITAL POSTPARTUM CARE; (SEPARATE CARE)	\$468.00
\$0.00	INCLUDING ANTEPARTUM AND POSTPARTUM CARE	N.C.
59560	CESAREAN SECTION WITH HYSTERECTOMY, SUBTOTAL, INCLUDING IN-HOSPITAL POSTPARTUM CARE; (SEPARATE PROCEDURE)	\$518.00
59561	INCLUDING ANTEPARTUM AND POSTPARTUM CARE	N.C.
59580	CESAREAN SECTION WITH HYSTERECTOMY, TOTAL,	

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	INCLUDING IN-HOSPITAL POSTPARTUM CARE; (SEPARATE PROCEDURE)	\$550.00
59581	INCLUDING ANTEPARTUM AND POSTPARTUM CARE ABORTION	N.C.
59800	TREATMENT OF SPONTANEOUS ABORTION, FIRST TRIMESTER; COMPLETED MEDICALLY	\$124.24
59801	COMPLETED SURGICALLY (SEPARATE PROCEDURE)	\$271.77
59810	TREATMENT OF SPONTANEOUS ABORTION, SECOND TRIMESTER; COMPLETED MEDICALLY	\$124.24
59811	COMPLETED SURGICALLY (SEPARATE PROCEDURE)	\$217.41
59820	TREATMENT OF MISSED ABORTION, ANY TRIMESTER, COMPLETED MEDICALLY OR SURGICALLY	\$186.35
59830	TREATMENT OF SEPTIC ABORTION	\$248.47
	DIAGNOSTIC ULTRASOUND	
	PELVIS	
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$95.77
76815	LIMITED (FETAL GROWTH RATE, HEART BEAT, ANOMALIES, PLACENTA LOCATION)	\$37.27
76816	FOLLOW-UP OR REPEAT	\$41.41
76818	FETAL BIOPHYSICAL PROFILE	BY REPORT
76825	ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	BY REPORT
76855	ECHOGRAPHY, PELVIC AREA (DOPPLER)	\$95.77

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