5101:3-2-04 Coverage of hospital-provided pharmaceutical, dental, vision care, medical supply and equipment, and ambulance or ambulette services.

(A) Drugs.

(1) Drugs are classified as: administered; inpatient (drugs administered to a patient while an inpatient); administered; outpatient (drugs administered to a patient at the hospital in connection with outpatient services); take-home (drugs dispensed on an outpatient basis for use away from the hospital).

(2) Administered inpatient drugs are considered inpatient services and are reimbursed as an inpatient service. Administered outpatient drugs are considered outpatient services and are reimbursed as an outpatient hospital service in accordance with rule 5101:3-2-21 of the Administrative Code. Take-home drugs must be billed in accordance with provisions in Chapter 5101:3-9 of the Administrative Code. Payment to hospitals for take-home drugs will be reimbursed according to the provisions of Chapter 5101:3-9 of the Administrative Code. ODJFS may periodically require hospitals to produce evidence of invoice costs supporting amounts billed for take-home drugs.

(B) Medical supplies and equipment.

(1) Inpatient: Supplies and equipment for the care and treatment of the recipient during inpatient stay, including implants and devices that are part of a surgical, immediate post surgical, or early fitting procedure (e.g., pacemakers, halos, and prosthetic devices), appliances that are generally applied prior to discharge (e.g., initial prostheses), and other items that are medically necessary as described in rule 5101:3-2-02 of the Administrative Code to permit or facilitate the patient’s discharge from the hospital until such time as the recipient can obtain a permanent item or supply are covered inpatient hospital services and, as such, must be included in the hospital’s inpatient billing. In order to be reimbursed for supplies and equipment furnished to an inpatient for use solely outside the hospital, the hospital must be approved under the medicaid program as a medical supplies provider. See Chapter 5101:3-10 of the Administrative Code for coverage, limitation, billing, and reimbursement provisions relative to medical supplies providers.

(2) Outpatient: In order to be reimbursed for medical supplies and equipment on an outpatient basis, a hospital must be approved under the medicaid program as a medical supplies provider. Hospital outpatient departments that so desire may make application to provider enrollment. See Chapter 5101:3-10 of the Administrative Code for coverage, limitation, billing, and reimbursement provisions relative to medical supplies providers.
(C) Dental services: Except for dental services described in rule 5101:3-2-03 of the Administrative Code and emergency dental services provided in the emergency room, all outpatient dental services are covered and reimbursed as dental services under the provisions set forth in Chapter 5101:3-5 of the Administrative Code. All inpatient services for dental services are covered and reimbursed as inpatient services; subject to the requirement that all inpatient admissions for dental services must be preadmission certified (see rule 5101:3-2-03 of the Administrative Code).

(D) Vision care services: All vision care services are covered and reimbursed as inpatient or outpatient hospital services. All vision care materials are covered and reimbursed in accordance with the provisions of Chapter 5101:3-6 of the Administrative Code.

(E) Ambulance and ambulette services: The services of hospital staff as attendents during transportation are covered and reimbursed as an inpatient or outpatient hospital service. Services related to the use and operation of the transport vehicle, including standard equipment and driver, are reimbursed as an ambulance or ambulette service. The provisions of this paragraph apply to ambulance and ambulette services provided to or from the hospital, including interhospital ambulance or ambulette services. See Chapter 5101:3-15 of the Administrative Code for coverage, limitation, billing, and reimbursement provisions relative to ambulance and ambulette services providers.
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