Common Sense Initiative

Mike DeWine, Governor
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Business Impact Analysis

Agency, Board, or Commission Name: _Ohio Bureau of Workers' Compensation_

Rule Contact Name and Contact Information:
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Regulation/Package Title (a general description of the rules' substantive content):

Payment of hospital inpatient services

Rule Number(s): 4123-6-37.1

Date of Submission for CSI Review: October 6, 2021

Public Comment Period End Date: October 25, 2021

Rule Type/Number of Rules:

☐ New/___ rules
✓ Amended/_1__ rules (FYR? No)

☐ No Change/____ rules (FYR? ___)
☐ Rescinded/____ rules (FYR? ___)

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Reason for Submission

1. **R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.**

   Which adverse impact(s) to businesses has the agency determined the rule(s) create?

   The rule(s):

____ **Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**

____ **Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**

___✓ **Requires specific expenditures or the report of information as a condition of compliance.**

____ **Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

Regulatory Intent

2. **Please briefly describe the draft regulation in plain language.**
   Please include the key provisions of the regulation as well as any proposed amendments.

   This rule establishes the fees to be paid by BWC to providers of inpatient hospital services for injured workers. For 2022, BWC is proposing to:

   - Adopt Medicare's final rule governing 2022 payment for hospital inpatient services, including but not limited to:
     - Update to the national standardized amounts
     - MS-DRG changes, ICD-10 updates, and relative weight updates
     - Quality and value related programs
   - Implement an Ohio BWC Payment Adjustment Factor (PAF) to the 2022 Medicare base service rates which will be:
     - 112.7% for MS-DRG base rate; and
     - 112.7% for direct graduate medical education (DGME) services
   - Continue to follow Medicare's reimbursement approach for operating and capital outlier add-on payments and new technology add-on payments.
   - Maintain payment to Medicare IPPS exempt hospitals at the hospital's allowable billed charges times the hospital's operating cost-to-charge ratio multiplied by 1.14, not to exceed seventy percent (70%) of allowed billed charges.

- Maintain that a QHP or self-insuring employer may reimburse hospital inpatient services at:
  - the applicable rate under the "MS-DRG" methodology; or
  - in the same manner as BWC reimburses Medicare IPPS exempt hospitals; or
  - the rate negotiated between the hospital and the QHP or self-insuring employer in accordance with rule 4123-6-46 of the Administrative Code.
- Maintain the per diem reimbursement option for hospital inpatient detoxification services.

3. Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.

Authorize: R.C. 4121.31, 4123.05, 4121.12, 4121.121, 4121.30

Amplify: R.C. 4121.12, 4121.121, 4121.44, 4121.441, 4123.66

4. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?
If yes, please briefly explain the source and substance of the federal requirement.

No.

5. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.

Not Applicable.

6. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?

BWC is required to adopt annual changes to its fee schedules via the O.R.C. Chapter 119 rulemaking process. The purpose of this rule is to establish the fees to be paid by BWC to hospitals for inpatient services for injured workers.

While keeping focused on our fee schedule goals and objectives, these changes are necessary to ensure Ohio's injured workers access to quality medical care.

The fee schedule supports efficiency in provision of services that assists in the maintenance of employer rates.

7. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?

BWC will measure success by continuing to demonstrate that our fee schedules and payment strategies will maintain stability in the environment and reimbursement methodologies; ensure

injured workers access to quality care; promote efficiency in the provision of quality services; and maintain a competitive environment where providers can render safe effective care.

8. **Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?** No. Not applicable.

   If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.

Development of the Regulation

9. **Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**
   If applicable, please include the date and medium by which the stakeholders were initially contacted.

   The proposed hospital inpatient services reimbursement rule was posted on BWC's website for stakeholder feedback on July 26, 2021 through August 6, 2021. Notice was e-mailed to the following lists of stakeholders:

   - BWC's Managed Care Organizations (MCOs)
   - BWC's provider stakeholder list
   - BWC's internal provider list serve
   - BWC's Healthcare Quality Assurance Advisory Committee
   - Ohio Association for Justice
   - Employer Organizations
     - Council of Smaller Enterprises (COSE)
     - Ohio Manufacturer's Association (OMA)
     - National Federation of Independent Business (NFIB)
     - Ohio Chamber of Commerce
   - BWC's Self-Insured Division's employer distribution list
   - BWC's Employer Services Division's Third Party Administrator (TPA) distribution list.

   In addition, an overview of the fee schedule proposal was presented to the Director of Health Economics and Policy at the Ohio Hospital Association (OHA) on July 20, 2021.

10. **What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?**

    Please see the provider stakeholder feedback grid.

11. **What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?**

BWC models the annual hospital inpatient reimbursement rule from the Medicare Inpatient Prospective Payment System (IPPS) reimbursement methodology. BWC has utilized the IPPS since 2007. During the annual fee schedule review, BWC claims data is modeled against Medicare annual reimbursement changes to determine the proposed impact to BWC and to determine if adjustments need to be made to BWC payment adjustment factors. If BWC determines that a CMS change will undermine BWC goals of maintaining stability in the environment, ensuring injured worker access to quality care, promoting efficiency in the provision of quality services and maintaining a competitive provider network, then BWC will adjust the payment adjustment factor. Claims and reimbursement data is also used to determine adjustments to reimbursement related policy.

12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?

None. BWC is required to develop and promulgate a statewide workers' compensation reimbursement methodology for providers of medical services to injured workers including hospital inpatient facilities.

R.C. 4121.441(A)(1)(h) provides that the BWC Administrator, with the advice and consent of the BWC Board of Directors, shall adopt rules for implementation of the HPP "to provide medical, surgical, nursing, drug, hospital, and rehabilitation services and supplies" to injured workers, including but not limited to rules regarding "[d]iscounted pricing for all in-patient and out-patient medical services…."

Pursuant to the 10th District Court of Appeals decision in *Ohio Hosp. Assn. v. Ohio Bur. of Workers' Comp.*, Franklin App. No. 06AP-471, 2007-Ohio-1499, BWC is required to adopt changes to its methodology for the payment of hospital inpatient services via the O.R.C. Chapter 119 rulemaking process. BWC has undergone a systematic revision of its hospital inpatient reimbursement rule, and now proposes to adopt the newly revised hospital inpatient reimbursement rule in OAC 4123-6-37.1.

13. Did the Agency specifically consider a performance-based regulation? Please explain. ***Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.***

No. The fee schedule itself is considered a performance-based regulation as payment is made when services are delivered.

14. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

This rule is specific to BWC and defines reimbursement for hospital inpatient services in that program. Since BWC is the only state agency that administers workers' compensation in Ohio, there is no duplication between these rules and other rules in the Ohio Administrative Code.

R.C. 4123.66(A) provides that the BWC Administrator "shall disburse and pay from the state insurance fund the amounts for medical, nurse, and hospital services and medicine as the administrator deems proper," and that the Administrator "may adopt rules, with the advice and consent of the [BWC] board of directors, with respect to furnishing medical, nurse, and hospital service and medicine to injured or disabled employees entitled thereto, and for the payment therefor."

15. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

BWC has established a repeatable procedure by which all medical provider fee schedules are implemented. These procedures include documentation of fee schedule changes, files and other necessary information to the billing vendor to ensure the fee schedule is implemented efficiently, accurately and in a timely fashion. The fee schedule is made available via www.bwc.ohio.gov to all employers and third-party administrators for download for use in their systems. BWC's system contains edits and reports to ensure consistent and accurate application of the rule.

Adverse Impact to Business

16. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:

a. Identify the scope of the impacted business community; and

The impacted business community consists of the hospitals that provide inpatient care to injured workers as well as self-insured employers administering the program.

b. Identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance,); and

Implementation of fee schedule changes is a necessary part of annual methodology updates for both hospitals and self-insuring employers. The adverse impact will be the hospitals' time in implementing the changes in order to comply with the rule. Where self insuring employers chose to adopt the BWC inpatient reimbursement methodology, those employers will have similar impacts as hospitals.

c. Quantify the expected adverse impact from the regulation.

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a

"representative business." Please include the source for your information/estimated impact.

Given the Medicare methodology has been in use by BWC since 2007, the annual implementation of updates is relatively routine for hospitals and self-insured employers. It is estimated that the time needed for implementation will be less than 10 hours.

17. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

The intent of this rule is to ensure Ohio's injured workers have access to quality health care. It is essential that appropriate and timely review of the fee schedule with relevant modifications are implemented to create a competitive reimbursement level for these services, maintaining injured worker access to quality care.

Regulatory Flexibility

18. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

No. This fee schedule is applied equitably across all hospitals. However, there is also the ability for hospitals to negotiate alternative reimbursement with BWC's managed care organizations and self-insuring employers when appropriate.

19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

There are no fines or penalties for paperwork violations under these rules.

20. What resources are available to assist small businesses with compliance of the regulation?

BWC posts information regarding the hospital inpatient fee schedule on the BWC website at www.bwc.ohio.gov. The Provider Billing and Reimbursement Manual also serves as a source of fee schedule, coding, billing and reimbursement information. Providers rendering services contained within the fee schedule can also contact Managed Care Organization staff, BWC's Provider Relations Business Area or Medical Services Fee Schedule Policy Unit staff for personal assistance with billing issues.

DRAFT - NOT FOR FILING

4123-6-37.1 Payment of hospital inpatient services.

(A) HPP.

Except as provided in paragraphs (A)(7) and (A)(8) of this rule, reimbursement for hospital inpatient services with a discharge date of February 1, ~~2021~~2022 or after shall be as follows:

(1)

(a) Reimbursement for hospital inpatient services, other than outliers as defined in paragraph (A)(3) of this rule, services provided by hospitals subject to reimbursement under paragraph (A)(4) of this rule, or acute or subacute inpatient detoxification services subject to reimbursement on a per diem basis under paragraph (A)(7) of this rule, shall be calculated using the applicable medicare severity diagnosis related group (MS-DRG) reimbursement rate for the hospital inpatient service under the medicare inpatient prospective payment system multiplied by a payment adjustment factor of 1.127 plus a new technology add-on payment (if applicable), according to the following formula:

MS-DRG reimbursement rate x 1.127 + new technology add-on payment (if applicable) = bureau reimbursement for hospital inpatient service.

(b) In the event the centers for medicare and medicaid services makes subsequent adjustments to the medicare reimbursement rates under the medicare inpatient prospective payment system as implemented by the materials specified in paragraph (A)(10) of this rule other than technical corrections, including but not limited to adjustments related to federal budget sequestration pursuant to the Budget Control Act of 2011, 125 Stat. 239, 2 U.S.C. 900 to 907d as amended as of the effective date of this rule, the "applicable medicare severity diagnosis related group (MS-DRG) reimbursement rate for the hospital inpatient service under the medicare inpatient prospective payment system" as specified in this paragraph shall be determined by the bureau without regard to such subsequent adjustments.

(2) In addition to the payment specified by paragraph (A)(1) of this rule, hospitals operating approved graduate medical education programs and receiving additional reimbursement from medicare for costs associated with these programs shall receive an additional per diem amount for direct graduate medical education costs associated with hospital inpatient services reimbursed by the bureau. Hospital specific per diem rates for direct graduate medical education shall be calculated annually by the bureau effective February first of each year, using the most current cost report data available from the centers for medicare and medicaid services, according to the following formula:

1.127 x [(total approved amount for resident cost + total approved amount for allied health cost)/ total inpatient days] = direct graduate medical education per diem.

Direct graduate medical education per diems shall not be applied to outliers as defined in paragraph (A)(3) of this rule, services provided by hospitals subject to reimbursement under paragraph (A)(4) of this rule, or acute or subacute inpatient detoxification services subject to reimbursement on a per diem basis under paragraph (A)(7) of this rule.

(3)

(a) Reimbursement for outliers as determined by medicare's inpatient prospective payment system outlier methodology shall be calculated using the applicable medicare severity diagnosis related group (MS-DRG) reimbursement rate for the hospital inpatient service under the medicare inpatient

prospective payment system multiplied by a payment adjustment factor of 1.127 plus the applicable medicare operating outlier amount and medicare capital outlier amount plus a new technology add-on payment (if applicable), according to the following formula:

(MS-DRG reimbursement rate x 1.127) + medicare operating outlier amount + medicare capital outlier amount + new technology add-on payment (if applicable) = bureau reimbursement for hospital inpatient service outlier.

(b) In the event the centers for medicare and medicaid services makes subsequent adjustments to the medicare reimbursement rates under the medicare inpatient prospective payment system as implemented by the materials specified in paragraph (A)(10) of this rule other than technical corrections, including but not limited to adjustments related to federal budget sequestration pursuant to the Budget Control Act of 2011, 125 Stat. 239, 2 U.S.C. 900 to 907d as amended as of the effective date of this rule, the "applicable medicare severity diagnosis related group (MS-DRG) reimbursement rate for the hospital inpatient service under the medicare inpatient prospective payment system" as specified in this paragraph shall be determined by the bureau without regard to such subsequent adjustments.

(4) Reimbursement for inpatient services provided by hospitals and distinct-part units of hospitals designated by the medicare program as exempt from the medicare inpatient prospective payment system shall be determined as follows:

(a) For hospitals the department of health and human services, centers for medicare and medicaid services maintains hospital-specific cost-to-charge ratio information on, reimbursement shall be equal to the hospital's allowable billed charges multiplied by the hospital's reported operating cost-to-charge ratio information referenced in paragraph (A)(10)(c) of this rule multiplied by a payment adjustment factor of 1.14, not to exceed seventy per cent of the hospital's allowed billed charges.

(b) For hospitals the department of health and human services, centers for medicare and medicaid services does not maintain hospital-specific cost-to-charge ratio information on, reimbursement shall be equal to the hospital's allowable billed charges multiplied by the applicable fiscal year ~~2021~~2022 urban or rural statewide average operating cost-to-charge ratio set forth in table 8A of the federal rule referenced in paragraph (A)(10)(b) of this rule (the Ohio average operating cost-to-charge ratio shall be used for hospitals outside the United States) multiplied by a payment adjustment factor of 1.14, not to exceed seventy per cent of the hospital's allowed billed charges.

(5) Reimbursement for inpatient services provided by hospitals and distinct-part units of hospitals that do not participate in the medicare program shall be calculated in accordance with the applicable provisions of paragraphs (A)(1) and (A)(3) of this rule using the national standardized amount for fiscal year ~~2021~~2022, full update, as found at ~~85~~86 Fed. Reg. ~~59060~~ 45570 – ~~59061~~ 45571 (~~2020~~2021).

(6) Reimbursement for inpatient services provided by "new hospitals" as defined in 42 C.F.R. 412.300(b) as published in the October 1, ~~2020~~2021 Code of Federal Regulations shall be calculated in the same manner as provided under paragraph (A)(4)(b) of this rule.

(7) Reimbursement for acute or subacute inpatient detoxification services shall be calculated in accordance with the applicable provisions of paragraph (A) of this rule, unless the hospital elects to be reimbursed for these services on a per diem basis, in which case the hospital shall be reimbursed the lesser of the charges billed by the hospital for the allowed services rendered, the all-inclusive per diem rates set forth in Table 1 of the appendix to this rule, or the rate the MCO contracted or negotiated with the hospital.

(8) Except for services subject to reimbursement on a per diem basis under paragraph (A)(7) of this rule, if the MCO has contracted or negotiated a different payment rate with a hospital pursuant to rule 4123-6-10 of the Administrative Code, reimbursement will be at the contracted or negotiated rate.

(9) For purposes of this rule, hospitals must report the applicable inpatient revenue codes for accommodation and ancillary services set forth in Table 2 of the appendix to this rule.

(10) For purposes of this rule, the "medicare severity diagnosis related group (MS-DRG) reimbursement rate," "medicare operating outlier amount," "medicare capital outlier amount," and "new technology add-on payment" shall be determined in accordance with the medicare program established under Title XVIII of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C. 1395 to 1395lll as amended as of the effective date of this rule, excluding 42 U.S.C. 1395ww(m), as implemented by the following materials, which are incorporated by reference:

(a) 42 C.F.R. Part 412 as published in the October 1, ~~2020~~2021 Code of Federal Regulations;

(b) Department of health and human services, centers for medicare and medicaid services' "42 CFR Parts ~~405,~~ 412, 413,~~417, 476, 480, 484,~~ 425, 455, and 495 medicare program; hospital inpatient prospective payment systems for acute care hospitals and the long-term care hospital prospective payment system and ~~final~~ policy changes and fiscal year ~~2021~~2022 rates; quality ~~reporting~~ programs and medicare ~~and medicaid~~ promoting interoperability ~~programs~~ program requirements for eligible hospitals and critical access hospitals; changes to medicaid provider enrollment; and changes to the medicare shared savings program final rule," ~~85~~86 Fed. Reg. ~~59432~~ 44774 – ~~59107~~ 45615 (~~2020~~2021).

(c) The department of health and human services, centers for medicare and medicaid services' hospital-specific cost-to-charge ratio information as of the July ~~2020~~2021 update to the department of health and human services, centers for medicare and medicaid services' inpatient provider specific file (IPSF).

(B) QHP or self insuring employer (non-QHP):

A QHP or self-insuring employer may reimburse hospital inpatient services at:

(1) The applicable rate under the methodology set forth in paragraph (A) of this rule; or

(2)

(a) For hospitals the department of health and human services, centers for medicare and medicaid services maintains hospital-specific cost-to-charge ratio information on, the hospital's allowable billed charges multiplied by the hospital's reported operating cost-to-charge ratio information referenced in paragraph (A)(10)(c) of this rule multiplied by a payment adjustment factor of 1.14, not to exceed seventy per cent of the hospital's allowed billed charges;

(b) For hospitals the department of health and human services, centers for medicare and medicaid services does not maintain hospital-specific cost-to-charge ratio information on, the hospital's allowable billed charges multiplied by the applicable fiscal year ~~2021~~2022 urban or rural statewide average operating cost-to-charge ratio set forth in table 8A of the federal rule referenced in paragraph (A)(10)(b) of this rule (the Ohio average operating cost-to-charge ratio shall be used for hospitals outside the United States) multiplied by a payment adjustment factor of 1.14, not to exceed seventy per cent of the hospital's allowed billed charges; or

(3) The rate negotiated between the hospital and the QHP or self-insuring employer in accordance with rule 4123-6-46 of the Administrative Code.

Ohio Bureau of Workers' Compensation
2022 Hospital Inpatient Services
Appendix

The four character codes included in the Ohio Bureau of Workers’ Compensation (BWC) 2022 Hospital Inpatient Services Fee Schedule (Table 2 of this Appendix) are used to report a specific accommodation or ancillary service.

For the purposes of the BWC 2022 Hospital Inpatient Services Fee Schedule (Table 2 of this Appendix), services and/or supplies must be medically necessary for the treatment of the work related injury. The following definitions apply:

Not Covered (NC)	The service is never covered
Covered (C)	The service is covered

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Table 1 - Hospital Inpatient Detoxification Services Per Diem

Service	Revenue Code	Per Diem Rate
Acute inpatient detoxification services	0126	$786
Subacute inpatient detoxification services	1002	$597

Ohio Bureau of Workers' Compensation
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Appendix

Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Health Insurance - PPS	002	0022	Skilled Nursing Facility PPS	NC
		0023	Home Health PPS	NC
		0024	Inpatient Rehabilitation Facility PPS	NC
All Inclusive Rate	010	0100	All-inclusive Room and Board Plus Ancillary	C
		0101	All-Inclusive Room and Board	C
Room & Board - Private	011	0110	General Classification	C
(Medical or General)		0111	Medical/Surgical/Gyn	C
		0112	OB	C
		0113	Pediatric	C
		0114	Psychiatric	C
		0115	Hospice	C
		0116	Detoxification	C
		0117	Oncology	C
		0118	Rehabilitation	C
		0119	Other	C
Room & Board - Semi-Private	012	0120	General Classification	C
Two Bed (Medical or General)		0121	Medical/Surgical/Gyn	C
		0122	OB	C
		0123	Pediatric	C
		0124	Psychiatric	C
		0125	Hospice	C
		0126	Detoxification	C
		0127	Oncology	C
		0128	Rehabilitation	C
		0129	Other	C
Room & Board - Semi-Private	013	0130	General Classification	C
- Three and Four Beds		0131	Medical/Surgical/Gyn	C
		0132	OB	C
		0133	Pediatric	C
		0134	Psychiatric	C
		0135	Hospice	C
		0136	Detoxification	C
		0137	Oncology	C

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0138	Rehabilitation	C
		0139	Other	C
Room & Board - Private	014	0140	General Classification	NC
(Deluxe)		0141	Medical/Surgical/Gyn	NC
		0142	OB	NC
		0143	Pediatric	NC
		0144	Psychiatric	NC
		0145	Hospice	NC
		0146	Detoxification	NC
		0147	Oncology	NC
		0148	Rehabilitation	NC
		0149	Other	NC
Room & Board - Ward	015	0150	General Classification	C
(Medical or General)		0151	Medical/Surgical/Gyn	C
		0152	OB	C
		0153	Pediatric	C
		0154	Psychiatric	C
		0155	Hospice	C
		0156	Detoxification	C
		0157	Oncology	C
		0158	Rehabilitation	C
		0159	Other	C
Room & Board - Other	016	0160	General Classification	C
		0164	Sterile Environment	C
		0167	Self-Care	NC
		0169	Other	C
Nursery	017	0170	General Classification	NC
		0171	Newborn - Level I	NC
		0172	Newborn - Level II	NC
		0173	Newborn - Level III	NC
		0174	Newborn - Level IV	NC
		0179	Other	NC
Leave of Absence	018	0180	General Classification	C
		0182	Patient Convenience	NC
		0183	Therapeutic Leave	C
		0185	Nursing Home (Hospitalization)	NC

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0189	Other Leave of Absence	C
Subacute Care	019	0190	General Classification	C
		0191	Subacute Care - Level I	C
		0192	Subacute Care - Level II	C
		0193	Subacute Care - Level III	C
		0194	Subacute Care - Level IV	C
		0199	Other Subacute Care	C
Intensive Care	020	0200	General Classification	C
		0201	Surgical	C
		0202	Medical	C
		0203	Pediatric	C
		0204	Psychiatric	C
		0206	Intermediate ICU	C
		0207	Burn Care	C
		0208	Trauma	C
		0209	Other Intensive Care	C
Coronary Care	021	0210	General Classification	C
		0211	Myocardial Infarction	C
		0212	Pulmonary Care	C
		0213	Heart Transplant	C
		0214	Intermediate ICU	C
		0219	Other Coronary Care	C
Special Charges	022	0220	General Classification	C
		0221	Admission Charge	C
		0222	Technical Support Charge	C
		0223	U.R. Service Charge	C
		0224	Late Discharge, Medically Nec.	C
		0229	Other Special Charges	C
Incremental Nursing	023	0230	General Classification	C
Charge		0231	Nursery	NC
Rate		0232	OB	C
		0233	ICU	C
		0234	CCU	C
		0235	Hospice	C
		0239	Other	C
All Inclusive Ancillary	024	0240	General Classification	C
		0241	Basic	C

Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0242	Comprehensive	C
		0243	Specialty	C
		0249	Other All Inclusive Ancillary	C
Pharmacy (Also see 063X, an	025	0250	General Classification	C
extension of 025X)		0251	Generic Drugs	C
		0252	Non-Generic Drugs	C
		0253	Take Home Drugs	C
		0254	Drugs Incident to other Diagnostic services	C
		0255	Drugs Incident to Radiology	C
		0256	Experimental Drugs	NC
		0257	Non-Prescription Drugs	C
		0258	IV Solution	C
		0259	Other Pharmacy	C
IV Therapy	026	0260	General Classification	C
		0261	Infusion Pump	C
		0262	IV Therapy/Pharmacy	C
		0263	IV Therapy/Drug/Supply/Delivery	C
		0264	IV Therapy/Supplies	C
		0269	Other IV Therapy	C
Medical/Surgical Supplies and	027	0270	General Classification	C
Devices (Also see 062X, and		0271	Non Sterile Supply	C
extension of 027X)		0272	Sterile Supply	C
		0273	Take Home Supplies	C
		0274	Prosthetic/Orthotic Devices	C
		0275	Pacemaker	C
		0276	Intraocular Lens	C
		0277	Oxygen-Take Home	C
		0278	Other Implant	C
		0279	Other Supplies/Devices	C
Oncology	028	0280	General Classification	C
		0289	Other Oncology	C

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Durable Medical Equipment	029	0290	General Classification	C
(Other than Renal)		0291	Rental	C
		0292	Purchase of New DME	C
		0293	Purchase of Used DME	C
		0294	Supplies/Drugs for DME Effectiveness (HHA only)	NC
		0299	Other Equipment	C
Laboratory	030	0300	General Classification	C
		0301	Chemistry	C
		0302	Immunology	C
		0303	Renal Patient (home)	C
		0304	Non-routine Dialysis	C
		0305	Hematology	C
		0306	Bacteriology & Microbiology	C
		0307	Urology	C
		0309	Other Laboratory	C
Laboratory Pathological	031	0310	General Classification	C
		0311	Cytology	C
		0312	Histology	C
		0314	Biopsy	C
		0319	Other Laboratory Pathological	C
Radiology - Diagnostic	032	0320	General Classification	C
		0321	Angiocardiography	C
		0322	Arthrography	C
		0323	Arteriography	C
		0324	Chest X-ray	C
		0329	Other Radiology - Diagnostic	C
Radiology - Therapeutic	033	0330	General Classification	C
and/or Chemotherapy		0331	Chemotherapy Administration - Injected	C
Administration		0332	Chemotherapy Admin. - Oral	C
		0333	Radiation Therapy	C
		0335	Chemotherapy Admin. - IV	C
		0339	Other Radiology - Therapeutic	C
Nuclear Medicine	034	0340	General Classification	C
		0341	Diagnostic Procedures	C

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0342	Therapeutic Procedures	C
		0343	Diagnostic Radiopharmaceutical	C
		0344	Therapeutic Radiopharmaceutical	C
		0349	Other	C
CT Scan	035	0350	General Classification	C
		0351	Head Scan	C
		0352	Body Scan	C
		0359	Other CT Scan	C
Operating Room Services	036	0360	General Classification	C
		0361	Minor Surgery	C
		0362	Organ Transplant-Other Than Kidney	C
		0367	Kidney Transplant	C
		0369	Other Operating Room Services	C
Anesthesia	037	0370	General Classification	C
		0371	Anesthesia Incident to Radiology	C
		0372	Anesthesia Incident to Other Diagnostic Services	C
		0374	Acupuncture	C
		0379	Other Anesthesia	C
Blood	038	0380	General Classification	C
		0381	Packed Blood Cells	C
		0382	Whole Blood	C
		0383	Plasma	C
		0384	Platelets	C
		0385	Leucocytes	C
		0386	Other Components	C
		0387	Other Derivatives (Cryoprecipitate)	C
		0389	Other Blood	C
Blood and Blood Components	039	0390	General Classification	C
Administration, Processing		0391	Administration (Transfusions)	C

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Storage		0392	Processing and Storage	C
		0399	Other Processing and Storage	C
Other Imaging Services	040	0400	General Classification	C
		0401	Diagnostic Mammography	C
		0402	Ultrasound	C
		0403	Screening Mammography	C
		0404	Positron Emission Tomography	C
		0409	Other Imaging Service	C
Respiratory Services	041	0410	General Classification	C
		0412	Inhalation Services	C
		0413	Hyperbaric Oxygen Therapy	C
		0419	Other Respiratory Services	C
Physical Therapy	042	0420	General Classification	C
		0421	Visit Charge	C
		0422	Hourly Charge	C
		0423	Group Rate	C
		0424	Evaluation or Re-evaluation	C
		0429	Other Physical Therapy	C
Occupational Therapy	043	0430	General Classification	C
		0431	Visit Charge	C
		0432	Hourly Charge	C
		0433	Group Rate	C
		0434	Evaluation or Re-evaluation	C
		0439	Other Occupational Therapy	C
Speech-Language Pathology	044	0440	General Classification	C
		0441	Visit Charge	C
		0442	Hourly Charge	C
		0443	Group Rate	C
		0444	Evaluation or Re-evaluation	C
		0449	Other Speech-Language Pathology	C
Emergency Room	045	0450	General Classification	C
		0451	EMTALA Emergency Medical Screening Services	C
		0452	ER Beyond EMTALA Screening Services	C

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0456	Urgent Care	C
		0459	Other Emergency Room	C
Pulmonary Function	046	0460	General Classification	C
		0469	Other Pulmonary Function	C
Audiology	047	0470	General Classification	C
		0471	Diagnostic	C
		0472	Treatment	C
		0479	Other Audiology	C
Cardiology	048	0480	General Classification	C
		0481	Cardiac Cath Lab	C
		0482	Stress Test	C
		0483	Echocardiography	C
		0489	Other Cardiology	C
Ambulatory Surgical Care	049	0490	General Classification	NC
		0499	Other Ambulatory Surgical Care	NC
Outpatient Services	050	0500	General Classification	NC
		0509	Other Outpatient Service	NC
Clinic	051	0510	General Classification	C
		0511	Chronic Pain Center	C
		0512	Dental Clinic	C
		0513	Psychiatric Clinic	C
		0514	OB-GYN Clinic	C
		0515	Pediatric Clinic	C
		0516	Urgent Care Clinic	C
		0517	Family Practice Clinic	C
		0519	Other Clinic	C
Free-Standing Clinic	052	0520	General Classification	NC
		0521	Rural Health-Clinic	NC
		0522	Rural Health-Home	NC
		0523	Family Practice Clinic	NC
		0524	Visit by RHC/FQHC Practitioner - SNF (Covered by Part A)	NC
		0525	Visit by RHC/FQHC Practitioner - SNF(not a Covered Part A Stay) or NF or ICF MR or Other Residential Facility	NC

Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0526	Urgent Care Clinic	NC
		0527	Visiting Nurse Service(s)- in a Home Health Shortage Area	NC
		0528	Visit by RHC/FQHC Practitioner to Other Site	NC
		0529	Other Freestanding Clinic	NC
Osteopathic Services	053	0530	General Classification	C
		0531	Osteopathic Therapy	C
		0539	Other Osteopathic Services	C
Ambulance	054	0540	General Classification	NC
		0541	Supplies	NC
		0542	Medical Transport	NC
		0543	Heart Mobile	NC
		0544	Oxygen	NC
		0545	Air Ambulance	NC
		0546	Neonatal Ambulance Service	NC
		0547	Pharmacy	NC
		0548	Telephone Transmission EKG	NC
		0549	Other Ambulance	NC
Skilled Nursing	055	0550	General Classification	NC
		0551	Visit Charge	NC
		0552	Hourly Charge	NC
		0559	Other Skilled Nursing	NC
Medical Social Services	056	0560	General Classification	NC
		0561	Visit Charge	NC
		0562	Hourly Charge	NC
		0569	Other Medical Social Services	NC
Home Health - Home Health	057	0570	General Classification	NC
Aide		0571	Visit Charge	NC
		0572	Hourly Charge	NC
		0579	Other Home Health Aide	NC
Home Health - Other Visits	058	0580	General Classification	NC
		0581	Visit Charge	NC
		0582	Hourly Charge	NC
		0583	Assessment	NC

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0589	Other Home Health Visit	NC
Home Health Service	059	0590	General Classification	NC
Home Health - Oxygen	060	0600	General Classification	NC
		0601	Oxygen - State/Equip/Supply/or Cont	NC
		0602	Oxygen - State/Equip/Supply/ under 1 LPM	NC
		0603	Oxygen - State/Equip/Over 4 LPM	NC
		0604	Oxygen - Portable Add-on	NC
		0609	Other Oxygen	NC
Magnetic Resonance	061	0610	General Classification	C
Technology (MRT)		0611	MRI - Brain (Including Brainstem)	C
		0612	MRI - Spinal Cord (Incl. Spine)	C
		0614	MRI - Other	C
		0615	MRA - Head and Neck	C
		0616	MRA - Lower Extremities	C
		0618	MRA - Other	C
		0619	Other MRT	C
Medical/Surgical	062	0621	Supplies Incident to Radiology	C
Supplies Extension		0622	Supplies Incident to Other Diagnostic Services	C
of 027X		0623	Surgical Dressings	C
		0624	FDA Investigational Devices	NC
Pharmacy - Extension of 025X	063	0631	Single Source Drug	C
		0632	Multiple Source Drug	C
		0633	Restrictive Prescription	C
		0634	Erythropoietin (EPO) Less Than 10,000 Units	C
		0635	Erythropoietin (EPO) 10,000 or More Units	C
		0636	Drugs Requiring Detailed Coding	C
		0637	Self-administrable Drugs	C

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Home IV Therapy Services	064	0640	General Classification	NC
		0641	Nonroutine Nursing, Central Line	NC
		0642	IV Site Care, Central Line	NC
		0643	IV Start/Change, Peripheral Line	NC
		0644	Nonroutine Nurs., Peripheral line	NC
		0645	Training, Patient/Caregiver, Central Line	NC
		0646	Training, Disabled, Central Line	NC
		0647	Training, Patient/Caregiver, Peripheral Line	NC
		0648	Training, Disabled Patient, Peripheral Line	NC
		0649	Other IV Therapy Services	NC
Hospice Service	065	0650	General Classification	C
		0651	Routine Home Care	NC
		0652	Continuous Home Care	NC
		0655	Inpatient Respite Care	C
		0656	General IP Care (Non-respite)	C
		0657	Physician Services	NC
		0658	Hospice Room & Board - Nursing Facility	NC
		0659	Other Hospice Service	C
Respite Care	066	0660	General Classification	C
		0661	Hourly Charge/Nursing	C
		0662	Hourly Charge/Aid/Homemaker/Companion	NC
		0663	Daily Respite Charge	C
		0669	Other Respite Charge	C
Outpatient Special Residence Charge	067	0670	General Classification	NC
		0671	Hospital Based	NC
		0672	Contracted	NC
		0679	Other Special Residence Charge	NC

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Trauma Response (Charge	068	0681	Level I	C
for Trauma Team Activation)		0682	Level II	C
		0683	Level III	C
		0684	Level IV	C
		0689	Other Trauma Response	C
Pre-Hospice/Palliative Care	069	0690	General Classification	C
Services		0691	Visit Charge	C
		0692	Hourly Charge	C
		0693	Evaluation	C
		0694	Consultation and Education	C
		0695	Inpatient Care	C
		0696	Physician Services	C
		0699	Other Pre-Hospice/Palliative Care Services	C
Cast Room	070	0700	General Classification	C
Recovery Room	071	0710	General Classification	C
Labor Room/Delivery	072	0720	General Classification	C
		0721	Labor	C
		0722	Delivery	C
		0723	Circumcision	NC
		0724	Birthing Center	C
		0729	Other Labor Room/Delivery	C
EKG/ECG (Electrocardiogram)	073	0730	General Classification	C
		0731	Holter Monitor	C
		0732	Telemetry	C
		0739	Other EKG/ECG	C
EEG (Electroencephalogram)	074	0740	General Classification	C
Gastro-Intestinal Services	075	0750	General Classification	C
Specialty Services	076	0760	Specialty Services - General	C
		0761	Treatment Room	C
		0762	Observation Room Hours	C

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0769	Other Specialty Services	C
Preventive Care Services	077	0770	General Classification	C
		0771	Vaccine Administration	C
Telemedicine	078	0780	General Classification	C
Extra-Corporeal Shock Wave Therapy	079	0790	General Classification	C
Inpatient Renal Dialysis	080	0800	General Classification	C
		0801	Inpatient Hemodialysis	C
		0802	Inpatient Peritoneal (Non-CAPD)	C
		0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	C
		0804	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	C
		0809	Other Inpatient Dialysis	C
Acquisition of Body	081	0810	General Classification	C
Components		0811	Living Donor	C
		0812	Cadaver Donor	C
		0813	Unknown Donor	C
		0814	Unsuccessful Organ Search Donor Bank Charges	C
		0815	Stem Cells - Allogeneic	C
		0819	Other Donor	C
Hemodialysis - Outpatient or	082	0820	General Classification	NC
Home		0821	Hemodialysis/Composite or Other Rate	NC
		0822	Home Supplies	NC
		0823	Home Equipment	NC
		0824	Maintenance/100%	NC
		0825	Support Services	NC
		0826	Hemodialysis – Shorter	NC
		0829	Other Outpatient Hemodialysis	NC
Peritoneal Dialysis -	083	0830	General Classification	NC

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Outpatient or Home		0831	Peritoneal Dialysis/Composite or Other Rate	NC
		0832	Home Supplies	NC
		0833	Home Equipment	NC
		0834	Maintenance/100%	NC
		0835	Support Services	NC
		0839	Other OP Peritoneal Dialysis	NC
Continuous Ambulatory	084	0840	General Classification	NC
Peritoneal Dialysis (CAPD) -		0841	CAPD/Composite or Other Rate	NC
Outpatient or Home		0842	Home Supplies	NC
		0843	Home Equipment	NC
		0844	Maintenance 100%	NC
		0845	Support Services	NC
		0849	Other Outpatient CAPD	NC
Continuous Cycling Peritoneal	085	0850	General Classification	NC
Dialysis (CCPD) - Outpatient		0851	CCPD/Composite or Other Rate	NC
or Home		0852	Home Supplies	NC
		0853	Home Equipment	NC
		0854	Maintenance 100%	NC
		0855	Support Services	NC
		0859	Other Outpatient CCPD	NC
Magnetocephalography (MEG)	086	0860	General Classification	C
		0861	MEG	C
Cell/Gene Therapy	087	0870	General Classification	C
		0871	Cell Collection	C
		0872	Special Biologic Processing and Storage - Prior to Transport	C
		0873	Storage and Processing After Receipt of Cells from the Manufacturer	C
		0874	Infusion of Modified Cells	C
		0875	Injection of Modified Cells	C
Miscellaneous Dialysis	088	0880	General Classification	C

Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		0881	Ultrafiltration	C
		0882	Home Dialysis Aid Visit	NC
		0889	Other Miscellaneous Dialysis	C
Pharmacy-Extension of 025X and 063X		0891	Special Processed Drugs-FDA-Approved Cell Therapy	C
Behavioral Health	090	0900	General Classification	C
Treatments/Services (Also		0901	Electroshock Treatment	C
see 091X, an extension of		0902	Milieu Therapy	C
090X)		0903	Play Therapy	C
		0904	Activity Therapy	C
		0905	IOP - Psychiatric	NC
		0906	IOP - Chemical Dependency	NC
		0907	Day Treatment	C
Behavioral Health	091	0911	Rehabilitation	C
Treatments/Services		0912	Partial Hospitalization - Less Intensive	C
-Extension of 090X		0913	Partial Hospitalization - Intensive	C
		0914	Individual Therapy	C
		0915	Group Therapy	C
		0916	Family Therapy	C
		0917	Bio Feedback	C
		0918	Testing	C
		0919	Other Behavioral Health Treatment/Services	C
Other Diagnostic Services	092	0920	General Classification	C
		0921	Peripheral Vascular Lab	C
		0922	Electromyogram	C
		0923	Pap Smear	C
		0924	Allergy Test	C
		0925	Pregnancy Test	C
		0929	Other Diagnostic Services	C
Medical Rehabilitation Day	093	0931	Half Day	NC

Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Program		0932	Full Day	NC
Other Therapeutic Services	094	0940	General Classification	C
(Also see 095X, an extension		0941	Recreational Therapy	C
of 094X)		0942	Education/Training	C
		0943	Cardiac Rehabilitation	C
		0944	Drug Rehabilitation	C
		0945	Alcohol Rehabilitation	C
		0946	Complex Medical Equipment - Routine	C
		0947	Complex Medical Equipment - Ancillary	C
		0948	Pulmonary Rehabilitation	C
		0949	Other Therapeutic Service	C
Other Therapeutic Services -	095	0951	Athletic Training	C
Ext. of 094X		0952	Kinesiotherapy	C
		0953	Chemical Dependency (Drug N and Alcohol)	C
Professional Fees (Also see	096	0960	General Classification	NC
097X and 098X)		0961	Psychiatric	NC
		0962	Ophthalmology	NC
		0963	Anesthesiologist (MD)	NC
		0964	Anesthetist (CRNA)	NC
		0969	Other Professional Fee	NC
Professional Fees (Extension	097	0971	Laboratory	NC
of 096X)		0972	Radiology - Diagnostic	NC
		0973	Radiology - Therapeutic	NC
		0974	Radiology - Nuclear Medicine	NC
		0975	Operating Room	NC
		0976	Respiratory Therapy	NC
		0977	Physical Therapy	NC
		0978	Occupational Therapy	NC
		0979	Speech Pathology	NC

Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
Professional Fees (Extension of 096X and 097X)	098	0981	Emergency Room	NC
		0982	Outpatient Services	NC
		0983	Clinic	NC
		0984	Medical Social Services	NC
		0985	EKG	NC
		0986	EEG	NC
		0987	Hospital Visit	NC
		0988	Consultation	NC
		0989	Private Duty Nurse	NC
Patient Convenience Items	099	0990	General Classification	NC
		0991	Cafeteria/Guest Tray	NC
		0992	Private Linen Service	NC
		0993	Telephone/Telegraph	NC
		0994	TV/Radio	NC
		0995	Nonpatient Room Rentals	NC
		0996	Late Discharge Charge	NC
		0997	Admission Kits	NC
		0998	Beauty Shop/Barber	NC
		0999	Other Patient Convenience Item	NC
Behavioral Health Accommodations	100	1000	General Classification	NC
		1001	Res.Treatment - Psychiatric	NC
		1002	Res. Treatment - Chem. Dep.	C
		1003	Supervised Living	NC
		1004	Halfway House	NC
		1005	Group Home	NC
		1006	Outdoor/Wilderness Behavioral Healthcare	NC
Alternative Therapy Services	210	2100	General Classification	NC
		2101	Acupuncture	C
		2102	Acupressure	NC
		2103	Massage	NC
		2104	Reflexology	NC
		2105	Biofeedback	NC

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Table 2 - Revenue Codes				
General Category	**Code Category**	**Revenue Code**	**Revenue Code Description**	**Inpatient Coverage Code**
		2106	Hypnosis	NC
		2109	Other Alternative Therapy	NC
Adult Care	310	3101	Adult Day Care, Medical and Social - Hourly	NC
		3102	Adult Day Care, Social - Hourly	NC
		3103	Adult Day Care, Medical and Social, Daily	NC
		3104	Adult Day Care, Social - Daily	NC
		3105	Adult Foster Care - Daily	NC
		3109	Other Adult Care	NC

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Stakeholder Feedback Recommendations for Changes to the 2022 Hospital Inpatient Fee Schedule – O.A.C. 4123-6-37.1

Line #	Rule #/Subject Matter	Stakeholder	Draft Rule Suggestions	Stakeholder Rationale	BWC Response	Resolution
1	General comments	The Ohio Hospital Association (OHA)	OHA's Director of Health Economics and Policy submitted a letter indicating OHA is supportive of BWC's 2022 proposed rule.	The letter states OHA understands that BWC is proposing to maintain the current payment adjustment factor during a tumultuous time due to COVID. Position reflects ongoing active collaboration between OHA and BWC.	BWC accepts and appreciates OHA's support.	No modification needed.