Ohio Administrative Code

Rule 5160-13-08 Dialysis center services: add-on payment for nursing facility-based hemodialysis furnished by a dialysis center.

Effective: July 1, 2026

(A) The following definitions apply to this rule:

(1) "Dialysis center" means as defined in rule 5160-13-01 of the Administrative Code.

(2) "Nursing facility" means as defined in rule 5160-3-02.3 of the Administrative Code.

(3) "Nursing facility-based hemodialysis" means hemodialysis (HD) furnished by a dialysis center on the premises of a nursing facility.

(B) Add-on payment.

(1) Beginning on the effective date of this rule, the Ohio department of medicaid (ODM) pays an add-on amount of one hundred ten dollars per treatment for nursing facility-based HD furnished by a dialysis center, in addition to the HD per-visit payment amount listed in the appendix to rule 5160-13-02 of the Administrative Code.

(2) The add-on payment is claimed using the designated HD revenue center code listed in the appendix to rule 5160-13-02 of the Administrative Code along with an ODM-specified modifier.

(C) Limitations.

(1) The add-on payment described in this rule is available only if all the following conditions are met:

(a) The nursing facility-based HD was rendered by the dialysis center during state fiscal year (SFY) 2027;

(b) The dialysis center is already furnishing nursing facility-based HD on or before the effective date of this rule; and

(c) Total expenditures have not reached the budgeted amount of two million one hundred thousand dollars, after which no additional add-on payments are made.

(2) If an individual is eligible for both medicare and medicaid, the add-on payment is discontinued when medicare coverage begins.