

Ohio Administrative Code

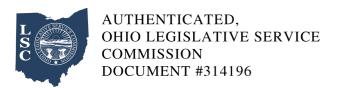
Rule 5160-21-05 Nurse home visiting services.

Effective: January 1, 2024

(e) Health education;



(f) Maternal depression screening; and
(g) Lactation counseling.
(C) Providers.
(1) Rendering provider. Medicaid payment may be made for a covered nurse home visiting service rendered by an eligible provider.
(2) Billing ("pay-to") provider. The following eligible providers may receive medicaid payment for submitting a claim for a covered nurse home visiting service:
(a) An ambulatory health care clinic as defined in Chapter 5160-13 of the Administrative Code;
(b) A federally qualified health center (FQHC);
(c) A rural health clinic (RHC); or
(d) A professional medical group.
(D) Coverage.
(1) Payment may be made only for a nurse home visiting service for which the following criteria are met:
(a) The service is medically necessary in accordance with rule 5160-1-01 of the Administrative Code;
(b) The individual receiving the service has at least one of the following medically complex conditions that may put an individual at a high risk for preterm birth:
(i) Asthma;



rule 5160-1-60 of the Administrative Code.

(ii) Diabetes;
(iii) Cardiovascular disease;
(iv) Substance use disorder; or
(v) History of pre-term birth; and
(c) The individual is not currently receiving another service that substantially duplicates a nurse home visiting service.
(2) No payment is made for a separate evaluation and management service in addition to a nurse
home visiting service rendered by the same provider to the same individual on the same day.
(E) Claim payment.
(1) For a covered nurse home visiting service rendered by an FQHC or RHC, payment is made in
accordance with Chapter 5160-28 of the Administrative Code.
(2) For a covered nurse home visiting service rendered at any other valid place of service, payment is

the lesser of the provider's submitted charge or the maximum amount specified in appendix DD to