**[Facility Name] Nursing Facility Policy: Private Room Reimbursement under Ohio Medicaid**

Effective Date: December 18, 2024

Facility Implementation Date: [Insert Date]

Next Review/Revision Date: [Insert Date]

Policy Number: [Insert Number]

## Purpose

To define the eligibility criteria, authorization process, and billing procedures for private room accommodations reimbursed under Ohio Medicaid programs, in compliance with Ohio Administrative Code 5160-3-16.3 and applicable provisions of Ohio Revised Code 5165.01 and 5165.158.

## Policy Statement

[Facility Name] will authorize and seek reimbursement for private room accommodations beginning with dates of service on or after December 18, 2024. This policy applies to residents covered under Medicaid Fee-for-Service (FFS), Medicaid Managed Care, and MyCare Ohio.

## Scope

This policy applies to all Medicaid-eligible residents, including those under FFS, Managed Care, and MyCare Ohio, residing in [Facility Name], a Medicaid-certified nursing facility licensed by the Ohio Department of Health.

## Policy Guidelines

### 1. Eligibility for Reimbursement

Private room reimbursement is permitted when all of the following conditions are met:

* The facility is Medicaid-certified and licensed by ODH.
* The room assignment is based on documented medical necessity or programmatic need (e.g., infection control, behavioral health).
* The room complies with privacy, infection control, and dignity standards under state and federal regulations.
* The resident meets criteria outlined in OAC 5160-3-16.3 and CMS guidance.

### 2. Covered Services

Standard nursing facility services delivered in a private room are covered. Ancillary and specialized services are reimbursed separately and must comply with existing Medicaid billing policies.

### 3. Reimbursement Process

The claims will clearly indicate that a private room was provided. The coding will be in compliance with ODM billing guidance. It is understood that reimbursement follows standard Medicaid claims submission processes, applicable to FFS, Managed Care, and MyCare Ohio.

Supporting documentation will justify the room assignment and include clinical or administrative rationale.

### 4. Documentation and Auditing

**[Facility Name]** will retain supporting documentation such as physician orders, care plans, and infection control documentation. These records will be made available during audits conducted by ODM or managed care entities to validate compliance with reimbursement standards.

### 5. Exclusions

Reimbursement is not permitted for:

* Residents not enrolled in a Medicaid program.
* Room assignments based solely on resident preference or marketing reasons, without documented clinical or programmatic justification.

## Legal Authority and References

This policy is governed by:

* Ohio Revised Code: 5165.01, 5165.158
* Ohio Administrative Code: 5160-3-16.3
* CMS Medicaid Manual
* Ohio Department of Medicaid guidance

## Review and Updates

This policy will be reviewed annually or sooner if changes occur in applicable laws or regulations.