

Ohio Medicaid Benefits

Service/Procedure	Covered	Not Covered	Prior Auth Required	Comments
Abortions			√	Must have signed JFS 03197 Abortion form prior to authorization of services. Very Limited coverage
Acupuncture		√		Do not offer appeal of this non-covered service.
Alcohol & Substance Abuse (Detox)	√		√	Inpatient-Usual coverage is for 3 days needs review for longer stay. Outpatient-Self refer to ODADAS certified program for outpatient services. If member is unwilling to access community behavioral health services or cannot do so on a timely basis, then the MCP is responsible for providing or arranging for MCP-covered services.
Alcohol & Substance Abuse (Rehabilitation)		√		Self refer to ODADAS certified program. Use county ADAMHS services. CareSource will not authorize.
Allergy Care	√			May need standing referral.
Ambulance, Ambulette, Air transportation	√		√	PA required unless emergency transportation. No PA for Non-emergent ambulance from hospital to hospital and SNF to any provider and return. See Medicaid Guidelines for criteria and billing codes. ***** See Transportation section for medical appointment transportation.
Ambulatory Surgery Centers	√			
Anesthesia	√			
Assistant Surgeons	√			Physician Assistants - not covered, all other assistants paid at 25%.
Autopsy		√		Per provider agreement with the state, MCP is not required to pay for this service
Biofeedback		√		Per provider agreement with the state, MCP is not required to pay for this service.
Cardiac Rehab	√			
Chemotherapy	√		√ Inpatient only	Inpatient requires prior authorization. See chemotherapy section of OAC ruling for complete ruling
Chiropractic	√			Manipulation & radiographs only. Benefit limit: 15 visits per calendar year for members 21 yrs and over; 30 visits per calendar year for members under 21, unless more are needed as part of Healthchek services. May not dispense any DME without PA. Per ODJFS, chiropractic x-rays are limited to two units of service during any six-month period for cervical, thoracic, thoracolumbar, and lumbosacral spine. Entire spine x-rays are limited to two units per one year. Any requests above the benefit limit require prior authorization.
Contact Lens	√		√	Requires written PA. See criteria in Vision section.
Cosmetic Surgery (Plastic Surgery)	√		√ limited	Covered for medical necessity. Requires PA from Medical Director. See cosmetic surgery criteria.
County/City/Health Dept Immunization STD Clinic	√			Self referred. Specialty immunizations (like for travel) would be referred here. These clinics do not bill CareSource.
Depo Provera Injections	√			
Dental	√		√ limited	Self referred. See criteria in Dental section. Certain dental benefits require PA. The following dental services will require prior authorization as of 8/1/08 Root Canals - if 3 or more root canal procedures are scheduled within 6 months All dentures All partial dentures Porcelain crown fused to noble metal (authorized for permanent anterior teeth only) Cast post and core in addition to crown (authorized for permanent anterior teeth without sufficient tooth structure to support a crown only) Frenulectomy/frenulotomy Apexification/recalcification Excision hyperplastic tissue Gingivectomy/plasty Impacted tooth removal – completely bony with complications Surgical removal of a residual tooth root Surgical removal of supernumerary tooth Removal of exostosis Unspecified TMJ therapy Unspecified TMJ films Removable appliances Fixed appliances therapy All unspecified/miscellaneous dental codes Orthodontia
Diagnostic Testing	√			
Dialysis, Renal	√		No for par and nonpar	No prior authorization is required for par or nonpar providers
Diapers** Incontinent Supplies	√			Covered for members > 3 yrs of age up to 300 per month for diapers and 150 per month for incontinent supplies.
Diet pills and Liquid diets		√		
Durable Medical Equipment	√		√	PA required for rental items that have a purchase price of \$750 or more, all customized/ powered wheelchairs and supplies, manual wheelchairs rental >3 months, hearing aids, contact lens & all miscellaneous codes. Enteral feeds >30 cans per month.
Electro-Convulsive Therapy	√		√	
Emergency Room Services	√			Life threatening emergencies only.
Family Planning Services	√			Self referral to qualified provider. All pregnancy prevention supplies covered without a PA.
Hearing Aids and Hearing Evaluations	√		√*	* Hearing aid requires PA Requires written PA including copy of hearing test and medical clearances. See Hearing Aid section.

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Home Health Services	√			Home health aide requires PA
Home Maker		√		
Hospice	√		√	
Hospitalizations				
- Inpatient	√		√	All inpatient admissions require authorization and will be followed concurrently by Medical Management. MH admissions to *Freestanding Psych hospitals (Institution of Mental Disease=IMD)--CareSource is responsible for reimbursement of professional fees only for members admitted to these facilities. The confinement charges are billed to the state. * Belmont Pines Ohio Hospital for Children & Adolescents * Windsor/Laurelwood
- Observation	√		√ nonpar only	Auth required if facility and/or physicians are non-par
- Outpatient	√		√ nonpar only	
Hyperbaric Oxygen Services	√			Billed as respiratory therapy
Immunizations	√			Immunizations for travel outside of the United States are not covered. Age under 18 covered under VFC program. Age over 18 has limited coverage.
Infertility		√		CareSource is not required to pay for infertility treatments according to provider agreement with ODJFS.
Injections (J-codes through Speciality Pharmacy department)	√			PA required if injections provided through home care services; if performed in par MD office then no PA required.
Investigational Drugs, Devices, Services		√		CareSource is not required to pay according to provider agreement with the ODJFS.
Labs (Independent), Other Lab & X-Ray Providers	√			
Lamaze Classes	√			
Long Term Care Nursing Home	√		√	
Mammogram	√			1 screening mammogram covered for over age 34 and under age 40. 1 Screening mammogram covered per calendar year for over the age of 39. Mammogram covered for diagnosis and treatment for clinical symptoms indicative of breast cancer regardless of age.
Mental Health	√			See Psychological Services.
MRI/Open MRI	√			MRI studies require prior authorization through our Radiology Benefit Management Program-NIA. Effective for services performed on or after July 1, 2009, ordering physicians must obtain a Prior Authorization for the following non-emergent, outpatient diagnostic imaging procedures: MRI/MRA scans, CT/CTA scans and PET scans. Note: Imaging procedures performed during an inpatient admission, hospital observation stay, or emergency room visit are not included in this program. Ordering physicians: Are responsible for obtaining Prior Authorization before scheduling an imaging exam for the non-emergent, outpatient diagnostic procedures listed above. It is essential that you ensure that the appropriate authorization number(s) has been obtained. Payment will be denied for procedures performed without a required Prior Authorization, and the member cannot be balance-billed for such procedures. It is the responsibility of the rendering facility to confirm that Prior Authorization was obtained prior to performing the diagnostic procedure.
Nurse Midwife	√			
Nutritional Dietary Consults	√			Covered for diabetes, pregnancy, complications of obesity surgery or other approved diagnoses. Office visits/consultations at PAR provider would not require PA. Treatment or any procedures that result from consultation would require PA. Coverage is provided for 1 nutritional counseling visit per year for diagnosis of obesity.
Nutritional Supplements	√		√	Up to 30 cans/month or 1 can/day may be provided by a PAR pharmacy or DME without prior authorization if billed to the PBM or participating DME and is <\$750 billed. >30 cans/mo does require PA through Pharmacy or DME provider.
Obesity Health Services	√ Coverage may be provided for surgery if determined to be medically necessary	√ Not routinely covered		Covered: Nutritional counseling, complications of obesity surgery. Exclusions: Diet pills, liquid diets. See Nutritional Dietary consults above.
Occupational Therapy	√		√ All Occupational Therapy done in the home requires prior authorization.	Outpatient therapy is limited to 30 visits per calendar year.
Orthotics/ Prosthetics	√		√	PA required if >\$750 or miscellaneous codes
Out of Area Urgent & Emergency Care	√			Urgent Cares and ER visits do not require PA. Physician office visits require PA.

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Pain Management Services	√		√*Inpatient admissions for pain control require prior authorization.	Hospital pain clinic covered. Comprehensive pain programs not covered.
Pap Smears	√			
Partial Hospitalizations-(PHP) Psychiatric Intensive Outpatient Programs (IOP) Psychiatric	√		√	General Hospital-Based on medical necessity review with Medical Director. Use contracted facility where available. Freestanding Psych facility (Institution for Mental Disease=IMD) or CMHC-Partial Hospital Programs in these treatment centers are available to our members. CareSource is not responsible for reimbursement for services provided @ these centers. These services are billed directly to the state.
Paternity Testing		√		
Penile implants	√		√	
Pharmaceutical Services	√		√* Some	See Pharmaceutical section of Provider Manual
Physical Therapy	√		√* All Physical therapy done in the home requires prior authorization	Outpatient therapy is limited to 30 visits per calendar year.
Physical Exams	√			Well child and adult physicals allowed 6 per calendar year; all ages.
Physician Assistants	√*			* Under supervision of physician Services/procedures provided by a physician assistant under the supervision and direction of his/her supervising physician(s) are covered if the services are listed as standard functions for a physician assistant approved by the state medical board.
Podiatry	√			No coverage for treatment of flat feet. 48 visits/yr for acute conditions, 12 visits/yr for chronic conditions. See Podiatry section for further benefit details of the Provider Manual.
Prenatal Services	√			Self-referred. Lamaze classes covered - no PA required.
Psychiatric Residential Treatment Centers		√		Funded through County, requires county involvement
Psychological/ Psychiatry Services	√		√ Inpatient, partial hospitalization and OP visit exceeding benefit limit of 25 visits/year. NonPar Psychiatrist visit	Inpatient mental health hospitalization in a General Hospital: Admissions require prior authorization. Authorization is based on medical necessity review. Inpatient mental health hospitalization at an Institution for Mental Disease (IMD) or Freestanding Psych Facility: Admissions do not require prior authorization. CareSource is responsible for payment of professional fees only. The confinement charges are billed to the state. *Please note that this benefit is limited to member's 21 years of age and under and/or 65 years of age and over. If the member is between 22 and 64 years of age, services are non-covered Medicaid services and the professional fees are not the responsibility of the CareSource. Outpatient mental health services: Self refer to community mental health centers and psychologists. Inclusive of LISW and LPCC. PCP referral required for Psychiatrist. Psychiatry: PAR Psychiatrist-No prior authorization required. No benefit limit. NonPAR Psychiatrist-Prior authorization required. Authorization is based on medical necessity review. Therapy- Limit of 25 psychology (OP therapy) visits per calendar year. Providers include: LISW, LPCC and Psychologist. PAR Therapist-No prior authorization required. NonPAR Therapist-Prior authorization required. Authorization is based on medical necessity review. Partial Hospital Program (PHP) and Intensive Outpatient Program (IOP): Requires prior authorization. Authorization is based on medical necessity review.
Rehab Services				
- Inpatient	√		√	Covered for physical rehab-not alcohol/drug addiction rehab
- Outpatient	√			See PT/OT/ST outpatient benefit limits.
Second Opinions	√			
Skilled Nursing Facility (SNF)	√		√	
Sleep Study	√			
Speech and Hearing Therapies	√		√ All speech therapy performed in the home requires prior authorization.	Outpatient Speech therapies are limited to 30 per calendar year. Hearing evaluation limited to one per calendar year.

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Sterilization	√			Consent is signed at least 30 days and no more than 180 days prior to the procedure. Consent form JFS 03198 or HHS687 Federal Form. 1. Must be 21 years of age or older. 2. Must be legally capable of consent. 3. Does not require PA. 4. Must sign ODHS sterilization consent form at least 30 days prior to procedure. 5. Sterilization reversals not covered.
Transplants	√		√	
Transportation	√			Ambulance/Ambulette services are authorized by Med Management. See Ambulance, Ambulette, Air Transportation rules. Cab transportation authorized by Service Center. 30 one-way trips per member, per 12 months to all health care visits, redetermination and WIC appointments. If traveling more than 50 miles one way, prior auth required. Provide-A-Ride will request authorization from CareSource.
Ultrasound	√			
Vision	√		√	Benefit Limit: Age 21 and older but younger than age 60 is limited to 1 comprehensive vision exam per calendar year and 1 complete frame and 1 pair of lens every 2 calendar years; Age 20 and younger or age 60 and older is limited to 1 comprehensive vision exam per calendar year and 1 complete frame and 1 pair of lens every calendar year. The following lenses are covered: o Single vision - glass and scratch-resistant coated plastic lenses o Bifocals - glass and scratch-resistant coated plastic lenses, flat top D25/28, round seg, kryptok, and executive o Aphakic lenses - aspheric lenticular, full-field aspheric, or welch-4-drop single vision and bifocal o Trifocals - glass or scratch-resistant coated plastic, flat top 7/25, executive Both labs will provide the following additions to lenses: o Slab-off lenses o Prism o Fresnel prism o Special base curves o High index glass o Myodisc o Scratch-resistant coating o Frosted lenses o UV-400 filter o Engraved name on temple o Industrial thickness lenses o Tinted lenses (requires prior authorization from CareSource) o Photochromatic lenses (requires prior authorization from CareSource) Contact lens and miscellaneous codes require PA. As of 3/1/09 the PA requirement for polycarbonate lens >18 years of age has been removed.