

## Ohio Medicaid Benefits

Service/Procedure	Covered	Not Covered	Prior Auth Required	Comments
Abdominal Aortic Aneurysm Ultrasound Screening	√			Once in a lifetime benefit for people at risk.
Abortions			√	Abortions are covered only if the mother's life is threatened or in cases of reported rape or incest. Physician performing services must have a signed ODJFS 03197 Abortion form prior to authorization of services.
Acupuncture		√		Not eligible for appeal
Screening and Counseling to Reduce Alcohol misuse	√			1 per Lifetime; If positive screening for alcohol misuse, members can get up to 4 brief face-to-face counseling sessions per year.
Alcohol & Substance Abuse (Detox)	√		√*	Inpatient - Usual coverage is for 3 days. *Prior Authorization required for longer stay.
Alcohol & Substance Abuse (Rehabilitation)		√		Outpatient - Members can self-refer without Prior Authorization to the Ohio Department of Alcohol and Drug Addition Services (ODADAS) locations. Drug and alcohol addiction services provided by ODADAS include: - Assessment - Crisis intervention - Individual and group counseling - Medical/somatic treatment - Drug screening/urinalysis - Methadone administration - Levo-Alpha Acetyl Methadol (LAAM) and other opiate treatment - Case management - Intensive outpatient - Ambulatory medical and social detoxification
Allergy Care	√			Allergy care is ongoing care for allergies. Referral required. Allergy Testing is also covered.
Ambulance, Ambulette, Air transportation	√		√	Prior authorization required unless emergency transportation. Prior authorization not needed for non-emergent ambulance from hospital to hospital or Skilled Nursing Facility to any provider (includes return trip). Prior authorization is set up by the hospital for hospital to hospital transports.
Ambulatory Surgery Centers	√			
Annual Wellness Visit	√			Annually
Anesthesia	√		√*	Any covered procedure that needs anesthesia is covered & must be administered by a participating provider and/or facility. *Prior authorization is required for services related to abortions, ectopic or molar pregnancies.
Assistant Surgeons	√			This benefit is not billable for physician assistants. All other assistants are 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.
Bone Mass Measurement	√			
Breast Reduction Surgery			√*	* If determined to be medically necessary. It is not covered for cosmetic purposes. Refer member to PCP for assessment.

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CareSource 24	√			CareSource 24 services gives unlimited access for members to speak with a registered nurses through the toll free number, 1-800-488-0134. Registered nurses are available 24 hours a day 7 days a week. CareSource 24 is available at no cost for the members. CareSource 24 nurses can assist with concerns/questions such as: - Deciding when self-care, a doctor or emergency room visit is appropriate. - Explaining a medical condition and/or recent diagnosis. - Preparing questions for doctor visits. - Finding out more about diagnosis or surgical procedures. - Getting information on diagnosis or surgical procedures. - Learning more about nutrition and wellness topics.
Cardiac Rehab	√			
Cardiovascular Risk Reduction	√			Annually
Chemotherapy	√		√*	Outpatient - covered  *Inpatient only
Chiropractic	√			Covers manipulations and radiographs only.  Benefit limit - 15 visits per calendar year for members 21 years and older; 30 visits per calendar year for members under 21, unless more are needed as part of Healthchek services. Chiropractic care beyond benefit limits requires prior authorization. Chiropractors may not dispense any DME without prior authorization.  Additional Information: 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. Initial exam is covered.
Circumcision	√			The surgical removal of the foreskin (prepuce) from the human penis.
Colorectal Cancer Screening	√			Fecal Occult - Annually
Cosmetic Surgery (Plastic Surgery)	√		√	Prior Authorization required from Medical Director; only for medical necessity.
County/City/Health Dept. Immunization STD Clinic	√			
Depo Provera Injections	√			

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Dental	√		√ limited	<p>Self referred. See criteria in Dental section of Provider Manual.</p> <p>Certain dental benefits require Prior Authorization. The following dental services will require prior authorization as of 8/1/08:</p> <ul style="list-style-type: none"> <li>- Root Canals (if 3 or more root canal procedures are scheduled within 6 months)</li> <li>- All dentures &amp; partial dentures</li> <li><i>*Please Note that the dentist shall be responsible for constructing a complete functional denture. The fee for dentures includes all necessary corrections and adjustments for a period of 6 months after seating the denture. A reline is covered 4 years from the construction of the denture and every 4 years from that date thereafter.</i></li> <li>- Porcelain crown fused to noble metal (authorized for permanent anterior teeth only)</li> <li>- Cast post and core in addition to crown (authorized for permanent anterior teeth without sufficient tooth structure to support a crown only)</li> <li>- Frenulectomy/frenulotomy</li> <li>- Apexification/recalcification</li> <li>- Excision hyperplastic tissue</li> <li>- Gingivectomy/plasty</li> <li>- Impacted tooth removal – completely bony with complications</li> <li>- Surgical removal of a residual tooth root</li> <li>- Surgical removal of supernumerary tooth</li> <li>- Removal of exostosis</li> <li>- All TMJ treatment</li> <li>- Removable appliances</li> <li>- Fixed appliances therapy</li> <li>- All unspecified/miscellaneous dental codes</li> <li>- Orthodontia</li> <li>- General Anesthesia (Defined as a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, inability to independently maintain an airway, and inability to respond purposefully to physical stimulation or verbal command, with the result being amnesia related to the surgical procedure. The administration of general anesthesia will be covered for surgical and restorative procedures when performed by an eligible provider.) <i>Conscious sedation and local anesthesia is included in the fees associated with the dental service performed.</i></li> </ul> <p>Not Covered: Temporary dentures molded prior to the pulling of natural teeth and put in place once teeth are extracted as a filler until permanent teeth are ready.</p>
Depression Annual Screening	√			Annually
Diabetes Self-Management Training	√			Up to 10 hours of self management training Up to 3 hours of nutrition classes may be covered
Diagnostic Testing - Outpatient	√			Non-Radiology services are also covered
Dialysis, Renal	√			No prior authorization is required for Par or Non-Par providers
Diapers** Incontinent Supplies	√			Obtained at Durable Medical Equipment (DME) supplier
Diet pills and Liquid diets		√		For members over 3 years of age: up to 300 per month for diapers and 150 per month for incontinent supplies.

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Durable Medical Equipment	√		√	<p>Medically necessary supplies are covered through a Durable Medical Equipment (DME) supplier with a prescription from the provider. If the item requires prior authorization, the DME supplier will contact CareSource to obtain prior authorization.</p> <p>Prior authorization is required for all non-participating providers.</p> <p>Participating providers require prior authorization for rental items that have a purchase price of \$750 or more. Furthermore, all customized/powered wheelchairs and supplies, manual wheelchair rentals greater than 3 months, hearing aids, contact lenses, enteral feeds greater than 30 cans per month and all miscellaneous codes require prior authorization.</p> <p>Diabetic Shoes are covered through a DME supplier.</p> <p>Participating providers require prior authorization for items that have a purchase price of \$750 or more.</p> <p>Wheelchair ramps are not covered; members whom are assigned to a case manager may be able to offer assistance for this item.</p> <p>Please copy/paste URL below into URL box to view DME Medicaid Supply List.  <a href="http://emanuals.odjfs.state.oh.us/emanuals/DataImages.srv/emanuals/pdf/pdf_forms/31003APXA.PDF">http://emanuals.odjfs.state.oh.us/emanuals/DataImages.srv/emanuals/pdf/pdf_forms/31003APXA.PDF</a></p>
ECG (electrocardiogram)	√			Annually
Electro-Convulsive Therapy	√		√	
Early Periodic Screening, Diagnosis and Treatment (EPSDT) / Health Check Exams	√			<p>The Early Periodic Screening Diagnosis and Treatment (EPSDT) services are referred as the Ohio's HealthChek program. It is a preventative health care program that provides well-child checkups for newborns, infants, children, teens and young adults. This program is for members through the age of 20. Members over the age of 20 are not qualified.</p> <p>Healthchek services are focused on providing preventive care and also covers treatment for any illness found during a checkup. All CareSource primary care providers (PCP's) are required to do Healthchek screenings. Some of the screenings included are:</p> <ul style="list-style-type: none"> <li>- Complete physical exam</li> <li>- Immunization check</li> <li>- Lead testing</li> <li>- Hearing check</li> <li>- Vision check</li> <li>- Dental check</li> </ul> <p>CareSource covers exams that help to find health problems early so that they can be treated before they become serious. Exams are recommended at the following ages:</p> <ul style="list-style-type: none"> <li>- At birth</li> <li>- 1 year</li> <li>- 1 month</li> <li>- 15 months</li> <li>- 2 months</li> <li>- 18 months</li> <li>- 4 months</li> <li>- 2 years</li> <li>- 6 months</li> <li>- Once a year after age 2 through age 20</li> <li>- 9 months</li> </ul> <p>Healthchek exams should be schedule with the PCP for all eligible family members regularly.</p> <p>Please Note: Details can be found at <a href="http://www.caresource.com">www.caresource.com</a> Click on Providers &gt; Ohio &gt; Member Care &gt; Health Manangement. There is also additional information in the Provider Manual, pages 92-94.</p>
Emergency Room Services	√			Life threatening emergencies only.
Family Planning Services	√			Covered through the member's PCP, OBGYN, or a qualified family planning provider listed in the Provider Directory such as Planned Parenthood. Self referral can be made to a qualified provider. All pregnancy prevention supplies are covered without a prior authorization such as Depo Provera Injections, Nuvaring, and IUDs if received in the provider's office. <i>*IUD's require prior authorization in a pharmacy setting.</i>
Fetal Non-Stress Test	√		√*	<p>*Prior Authorization is waived for 10 visits then once the maximum has been reached, prior authorization is required.</p> <p>This applies to Par and Non-Par providers.</p>

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Genetic Testing		√																		
Hearing Aids and Hearing Evaluations	√		√	Prior Authorization is required along with a copy of hearing test and medical clearances. Prior Authorization is required for all related services.																
HIV Screening	√			Annually For women who are pregnant, we cover up to 3 screening exams during a pregnancy																
Home Health Aide	√		√	Home Health Aides are covered in Ohio up to 2 hours per day (14 hours per week) with prior authorization. Note: Home Health Aides and Skilled Nursing visits are covered for a combined total of up to 2 hours per day (14 hours per week). There is not an additional 14 hour coverage for skilled nursing. Approval for more than 14 hours may only be authorized when a member has had a 3-day inpatient hospitalization within 60 days of the request																
Home Health Services	√		√*	Home visits and home infusion (injection) therapies requires a prior authorization for non-par providers. Any medical supplies used during these visits should be billed to CareSource with the appropriate code.																
Home Maker		√																		
Hospice Care	√		√																	
Hospital Services	√		√*	Covered if admitted through thru ER. Semi-private room and board is included.  *Prior authorization required if not admitted through the ER.  Hospital discharge against medical advice is covered if member signs himself or herself out.																
Hyperbaric Oxygen Services	√			Billed as respiratory therapy																
Immunizations - for Children	√	√*		*No coverage for vaccines to travel outside of the United States.  Immunizations for children 18 and under are covered through the Vaccines for Children (VFC) program. The contact phone number is 1-800-282-0546. Some vaccines administered through this program include:  <table border="0"> <tr> <td>Diphtheria</td> <td>Rotavirus</td> </tr> <tr> <td>Haemophilus influenzae type b</td> <td>Rubella</td> </tr> <tr> <td>Hepatitis A</td> <td>Tetanus</td> </tr> <tr> <td>Hepatitis B</td> <td>Varicella (chickenpox)</td> </tr> <tr> <td>Human Papillomavirus (HPV)</td> <td>Poliomyelitis</td> </tr> <tr> <td>Influenza</td> <td>Pneumococcal</td> </tr> <tr> <td>Measles</td> <td>Pertussis (whooping cough)</td> </tr> <tr> <td>Meningococcal</td> <td>Mumps</td> </tr> </table> Please Note: HPV vaccines coverage is for members ages 9 - 26; male & female.  CareSource endorses the same recommended childhood immunization schedule that is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). This schedule is updated annually and the most current updates can be found on the internet at <a href="http://www.aap.org">www.aap.org</a>  Health care providers may administer immunizations obtained through Ohio's Vaccines for Children (VFC) program to CareSource members. The vaccines are available free of charge through the Ohio Department of Health. Please bill CareSource for the vaccine with appropriate CPT and ICD-9 codes and CareSource will reimburse for the administration of the immunization.  Additional information is available in the Provider Manual under "Member Support Services and Benefits" on page 68.	Diphtheria	Rotavirus	Haemophilus influenzae type b	Rubella	Hepatitis A	Tetanus	Hepatitis B	Varicella (chickenpox)	Human Papillomavirus (HPV)	Poliomyelitis	Influenza	Pneumococcal	Measles	Pertussis (whooping cough)	Meningococcal	Mumps
Diphtheria	Rotavirus																			
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Immunizations - for Adults	√	√*		<p>*No coverage for vaccines to travel outside of the United States.</p> <p>Immunizations for Adults, ages 19 and older:</p> <table> <tr> <td>Influenza**</td> <td>Measles, mumps, rubella (MMR)</td> </tr> <tr> <td>Tetanus, diphtheria, pertussis (Td/Tdap)</td> <td>Pneumococcal (polysaccharide)</td> </tr> <tr> <td>Varicella</td> <td>Meningococcal</td> </tr> <tr> <td>Human Papillomavirus (HPV)</td> <td>Hepatitis A</td> </tr> <tr> <td>Varicella-Zoster Immune Globulin</td> <td>Hepatitis B</td> </tr> </table> <p>Please Note: HPV vaccines coverage is only for members ages 9 - 26; male &amp; female.</p> <p>Additional information is available in the Provider Manual under "Member Support Services and Benefits" on page 68.</p> <p>**Flu shots are covered at a participating pharmacy.</p>	Influenza**	Measles, mumps, rubella (MMR)	Tetanus, diphtheria, pertussis (Td/Tdap)	Pneumococcal (polysaccharide)	Varicella	Meningococcal	Human Papillomavirus (HPV)	Hepatitis A	Varicella-Zoster Immune Globulin	Hepatitis B
Influenza**	Measles, mumps, rubella (MMR)													
Tetanus, diphtheria, pertussis (Td/Tdap)	Pneumococcal (polysaccharide)													
Varicella	Meningococcal													
Human Papillomavirus (HPV)	Hepatitis A													
Varicella-Zoster Immune Globulin	Hepatitis B													
Infertility		√		<p>CareSource is not required to pay for infertility treatments according to provider agreement with ODJFS.</p> <p>Member has the right to appeal.</p>										
Injections (J-codes through Specialty Pharmacy department)	√		√*	<p>Covered if performed at a participating provider's office.</p> <p>*Prior Authorization is also required if done through Home Care Services. Providers can call 1-800-488-0134 or fax 1-888-399-0271 for prior authorization. Injectable drugs should be requested through CareSource or ordered from CVS Caremark. To place injectable prescription orders with CVS Caremark by phone 1-800-237-2767 or fax 1-800-323-2445.</p>										
Investigational Drugs, Devices, Services		√		CareSource is not required to pay according to provider agreement with ODJFS.										
Labs (Independent), Other Lab & X-Ray Providers	√	√*		<p>This includes blood, urine and skin services.</p> <p>Drug Testing: Urine drug screening is covered when service is provided by participating lab. *CareSource will not reimburse this service when received in a non-participating lab. *The screening is not covered for mandatory employment drug testing.</p> <p>Tuberculosis (TB) Testing: Tuberculosis (TB) is a contagious bacterial infection that usually affects the lungs. In rare cases, it may spread to other body tissues or organs. A tuberculin skin test to determine exposure to tuberculosis is covered without prior authorization by a participating provider.</p>										
Lamaze Classes	√													
Long Term Care Nursing Home	√		√											
Mammogram	√			<p>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.</p>										

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Mental Health	√	√**	√*	<p>Covered General Hospital - Inpatient mental health Outpatient services require self-referral to community mental health and psychologists, Licensed Independent Social Worker (LISW) and Licensed Professional Clinical Counselor (LPCC).</p> <p><b>PSYCHIATRY</b> No benefit limit. Referral required from the PCP for psychiatrist visits unless being seen at a community mental health center.</p> <p><b>PSYCHOLOGY:</b> Limit of 30 psychology (outpatient therapy) visits per calendar year. Providers include Licensed Independent Social Worker (LISW) and Licensed Professional Clinical Counselor (LPCC).</p> <p><b>PSYCHOLOGICAL TESTING</b> (includes Development and Autism Testing) Covered Outpatient services are limited to 8 visits per calendar year. Inpatient services are limited to 1 visit per calendar year. ER services are limited to 1 visit per calendar year.</p> <p><b>**PSYCHIATRIC RESIDENTIAL TREATMENT CENTERS</b> Not Covered</p> <p>*Partial Hospital Program (PHP)/Intensive Outpatient Program (IOP) requires prior authorization.</p> <p>This is funded through ODMH. Refer members to Ohio Department of Mental Health (ODMH). Institution for Mental Disease (IMD) or Freestanding Psychiatric Facilities - Inpatient* CareSource is responsible for reimbursement of professional fees only for members admitted to these facilities (per below guidelines). The confinement (inpatient) charges are billed to the state. *Belmont Pines *Ohio Hospital for Children and Adolescents *Windsor/Laurelwood</p> <p><b>*Please note that this benefit is limited to members 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 CareSource.</b></p>
Nurse Midwife	√			
Nurse Practitioner	√			
Nutritional Dietary Consults	√			<p>Covered for diabetes, pregnancy, complications of obesity surgery or other approved diagnoses. Office visits/consultations at a participating provider would not require a prior authorization. Treatment or any procedures that result from the consultation would require prior authorization. Coverage is provided for 1 nutritional counseling visit per year for diagnosis of obesity.</p>
Nutritional Supplements	√		√*	<p>Up to 30 cans/month or 1 can/day may be provided by a participating DME supplier.</p> <p>*More than 30 cans/month or \$750 will require prior authorization.</p> <p>A 30 day supply can be filled at a participating pharmacy and once that is depleted, member is to use the DME benefit.</p> <p>If the member is under age five, the member must be referred to WIC. If the member does not meet the WIC criteria for the formula, the provider will need to forward a prescription to a participating DME supplier and the supplier will request prior authorization from Medical Management.</p>

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Obesity Health Services	√	√ Not routinely covered	√*	<p>Not routinely covered</p> <p>Coverage may be provided for surgery if determined to be medically necessary.</p> <p>Covered items: nutritional counseling, complications of obesity surgery Exclusions: diet pills, liquid diets</p> <p><b>*Bariatric/Lap Band Surgery</b> Prior authorization is required and the request must include written clinical documentation and supporting information submitted by the bariatric surgeon to determine medical necessity. Criteria to be met are as follows:</p> <ul style="list-style-type: none"> <li>- Supporting Letter of Medical Necessity (LMN) from the member's PCP</li> <li>- Must be at least 21 years of age</li> <li>- Body Mass Index and associated conditions must suggest that surgery is the most prudent treatment</li> <li>- LMN from the attending surgeon</li> <li>- Evidence of at least a 9 month documented physician supervised trial of diet and exercise within last 24 months</li> <li>- Co-morbid conditions exist</li> <li>- Psychological evaluation within last 6 months</li> </ul> <p>Skin removal would need to be medically necessary and requires prior authorization.</p> <p>Members considering bariatric surgery should consult with the PCP, whom will refer to a facility within member's area. After the consultation the surgeon will submit a prior authorization.</p>
Obesity Screening and Therapy to Promote Sustained Weight Loss	√			Annually
Obstetrical	√			
Occupational Therapy	√		√*	<p>Up to 30 visits per calendar year.</p> <p>*Homecare requires prior authorization.</p> <p>*Inpatient OT requires prior authorization.</p> <p>Please Note: For occupation, physical and speech therapy services, benefit limit only applies when the services are provided by a specialist. The following are the provider types that applies:</p> <ul style="list-style-type: none"> <li>- Speech Language Pathologist</li> <li>- Therapy PT, OT, ST</li> <li>- Speech Therapist</li> <li>- Occupational Therapist</li> <li>- Physical Therapy &amp; Rehab</li> </ul>
Orthotics/Prosthetics	√		√	<p>Covered without prior authorization if the cost is less than \$750.</p> <p>Prior authorization is required if: the cost is greater than \$750, provider bills CareSource with miscellaneous codes, for all non-par providers.</p>
Out of Country Services		√		
Out of State Services	√		√*	<p>*Physician office visits require prior authorization.</p> <p>Urgent Care and ER visits do not require a prior authorization for emergent situation.</p>



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Pain Management Services	√		√*	<p>Covered for outpatient/hospital pain clinics.</p> <p>*Prior Authorization required for inpatient admissions for pain control.</p> <p>Comprehensive pain programs not covered.</p> <p>*Prior authorization is required for the following services:</p> <ul style="list-style-type: none"> <li>- Soft Tissue and Trigger Point Injections: Maximum of 8 injections in a 12 month period by the same or multiple providers.</li> <li>- Facet Joint and/or Facet Joint Nerve Injection: Greater than 6 injections in a 12 month period by the same or multiple providers require prior authorization.</li> <li>- Epidural Steroid Injection and Selective Transforaminal Epidural Injection: Greater than 3 injections in a 12 month period by same or any provider require prior authorization.</li> <li>- Sacroiliac Joint Injection: Greater than 6 injections in a 12 month period require prior authorization.</li> <li>- Monitored Anesthesia: Monitored anesthesia will not be authorized for any interventional pain management procedures listed above. Conscious sedation, if preferred, does not require prior authorization, but services will be considered part of the procedure and are not eligible for additional reimbursement.</li> </ul>
Pap Smears	√			<p>Annually if high-risk or childbearing age with abnormal Pap test within past 3 yrs</p> <p>Every 24 months for all other women</p>
Paternity Testing		√		
Penile implants	√		√	
PE (Pressure Equalizing) Tubes	√			
Pharmaceutical Services	√		√* Some	See Pharmaceutical section of Provider Manual
Physical Therapy (includes Aqua and Massage Therapy)	√		√*	<p>Outpatient PT is limited to 30 visits per calendar year.</p> <p>*Homecare requires prior authorization.</p> <p>*Inpatient PT requires prior authorization.</p> <p>Please Note: For occupation, physical and speech therapy services, benefit limit only applies when the services are provided by a specialist. The following are the provider types that applies:</p> <ul style="list-style-type: none"> <li>- Speech Language Pathologist</li> <li>- Therapy PT, OT, ST</li> <li>- Speech Therapist</li> <li>- Occupational Therapist</li> <li>- Physical Therapy &amp; Rehab</li> </ul>
Physical Exams	√			<p>Well Child and Adult Physicals allowed 6 per calendar year; all ages.</p> <p>If an assigned PCP is unable to provide the service within a timely manner, the member may receive the physical from an unassigned non-participating provider</p>
Physician Assistants	√*			<p>*Under supervision of physician</p> <p>Services/procedures provided by a physician assistant (under the supervision and direction of his/her supervising physician) are covered if the services are listed as standard functions for a physician assistant approved by the state medical board.</p>
Planned Parenthood Services	√			Family planning services including medical, consultative and educational services.
Podiatry	√			<p>Coverage includes up to 8 visits/year for acute conditions and 12 visits/year for chronic conditions.</p> <p>Not covered for the treatment of flat feet.</p>
Prenatal Services	√			Self-referred

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Prostate Screening	√			Annually Digital Rectal Exam - All male Medicare Beneficiaries 50 or older (coverage begins the day after the 50th birthday.) Prostate Specific Antigen Test - All male Medicare Beneficiaries 50 or older (coverage begins the day after the 50th birthday.)
Radiological Services	√		√*	*For all high-tech radiology services performed, ordering physicians must obtain prior authorization through Radiology Benefit Management Program called National Imaging Associates (NIA) for the following non-emergent, outpatient diagnostic imaging procedures: - MRI/MRA scans - CT/CTA scans - PET scans  Imaging procedures performed during an inpatient admission, hospital observation stay, or emergency room visit do not require prior authorization.  <i>Ordering physicians are responsible for obtaining prior authorization before scheduling an imaging exam for the non-emergent, outpatient diagnostic procedures listed above. Payment will be denied for procedures performed without a 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.</i>
Rehabilitative Therapy Services				
- Inpatient	√		√	Covered for physical rehab not for alcohol/drug addiction rehab. For drug/alcohol related rehab, see Alcohol and Substance Abuse.
- Outpatient	√			For Outpatient services see (PT/OT/ST) Physical Therapy/Occupational Therapy/Speech Therapy outpatient benefit limits.
Second Opinions	√		√	Prior authorization is required for second opinions from a non-participating provider.  A second opinion is not required for surgery or other medical services, however, health care providers or members may request one. The following criteria should be used when selecting a provider for a second opinion: The provider must be a participating provider, if possible. If not, a prior authorization must be obtained to send the patient to a non-participating provider. The provider must not be affiliated with the member's PCP or the specialist practice group from which the first opinion was obtained. The provider must be in an appropriate specialty area. Results of laboratory tests and other diagnostic procedures must be made available to the provider giving the second opinion.
Screening for STD/STI counseling	√			Pregnant Women and for certain people who are at increased risk for an STI when the tests are ordered by a PCP. Annually/Or at certain times during pregnancy
Synagis	√		√	NOTE: Injections performed in the home is allowed 5 services within 180 days. Any services thereafter requires prior authorization. Injections performed in the provider office, must obtain a prior authorization to be administered during the RSV season (Nov 1 - Mar 31).
Skilled Nursing Visits	√		√	CareSource will allow up to two skilled nursing visits (up to 2 hours total) per day. More than two skilled nursing visits (over 2 hours or more) per day will require prior authorization. This is only for PAR providers.  Non-participating providers: prior authorization is required.
Skilled Nursing Facility (SNF)	√		√	Separate authorization is NOT needed for a physician to treat a member while they are in a SNF, whether participating or non-participating. The SNF facility does not reimburse the physician directly; the physician must bill CareSource for their service and they will be paid individually. This payment is not a global payment under the SNF RUG reimbursement.
Sleep Study	√			
Smoking Cessation	√			Contact 1-800-QUIT NOW which will provide counseling free of charge. This benefit ONLY applies to pregnant women.

## Ohio Medicaid Benefits

Service/Procedure	Covered	Not Covered	Prior Auth Required	Comments
Speech and Hearing Therapies	√		√*	<p>Outpatient ST is limited to 30 visits per calendar year.</p> <p>Hearing Evaluation limited to one per calendar year.</p> <p>*Homecare requires prior authorization.</p> <p>*Inpatient ST requires prior authorization.</p> <p>Please Note: For occupation, physical and speech therapy services, benefit limit only applies when the services are provided by a specialist. The following are the provider types that applies:</p> <ul style="list-style-type: none"> <li>- Speech Language Pathologist</li> <li>- Therapy PT, OT, ST</li> <li>- Speech Therapist</li> <li>- Occupational Therapist</li> <li>- Physical Therapy &amp; Rehab</li> </ul>
Sterilization	√			<p>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.</p> <ol style="list-style-type: none"> <li>1. Must be 21 years of age or older.</li> <li>2. Must be legally capable of consent.</li> <li>3. Does not require PA.</li> <li>4. Must sign ODHS sterilization consent form at least 30 days prior to procedure.</li> <li>5. Sterilization reversals not covered.</li> </ol>
Surgery	√		√*	<p>Outpatient procedures are covered as long as the facility is participating with CareSource and is not considered cosmetic.</p> <p>*Inpatient procedures require prior authorization.</p>
Transplants	√		√	<p>If a new member was previously approved for an organ, bone marrow, or hematopoietic stem cell transplant while a member of Medicaid Fee-for-Service prior to becoming a CareSource member, the member qualifies for Transition of Services (TOS) consideration.</p> <p>Reimbursement for all organ transplant services, except for kidney transplants, is dependent on the review and recommendation by the "Ohio Solid Organ Transplant Consortium".</p> <p>Reimbursement for bone marrow transplant and hematopoietic stem cell transplant, is dependent on the review and recommendation by the "Ohio Hematopoietic Stem Cell Transplant Consortium".</p> <p>Organ acquisition and transportation costs for heart, heart/lung, liver, pancreas, single/double lung, and liver/small bowel transplant services will be reimbursed at 100% of billed charges.</p>
Transportation	√			<p>Coverage includes 15 round trips or 30 one-way trips per year for medical, dental, vision, WIC and predetermination appointments with the member's Case Worker.</p> <p>Members and/or Providers can schedule transportation 30 days, or up to 48 business hours, in advance of the appointment.</p> <p>Trips over 30 miles 1 way does not count against the member's benefit limit.</p> <p>Ambulance/Ambulette services are authorized by Medical Management; see Ambulance, Ambulette, Air Transportation rules.</p> <p>Please Note: TMS will transport to all medical and dental appointments regardless of benefit status, or the participation status of the provider the member is requesting the ride to. If the member has not exhausted the transportation benefit limit for the year, TMS will allow the request.</p>
Ultrasound	√			3D ultrasound requires PA for medical necessity

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Vision Care	√		√*	<p>Covered</p> <p>Age 21 and older but younger than age 60: Coverage includes 1 comprehensive vision exam per calendar year. Members can also receive 1 complete frame and 1 pair of lenses every 2 calendar years.</p> <p>Age 20 and younger or age 60 and older: Coverage includes 1 comprehensive vision exam per calendar year. Members can also receive 1 complete frame and 1 pair of lenses every calendar year.</p> <p>The following lenses are covered:            Single vision - glass and scratch-resistant coated plastic lenses            Bifocals - glass and scratch-resistant coated plastic lenses, flat top D25/28, round seg, kryptok, and executive            Aphakic lenses - aspheric lenticular, full-field aspheric, or welch-4-drop single vision and bifocal            Trifocals - glass or scratch-resistant coated plastic, flat top 7/25, executive            Progressive lenses - also known as "no-line bifocals" are multifocal lenses that eliminate the line of bifocal or trifocal lens</p> <p>Both labs will provide the following additions to lenses:            Engraved name on temple                      Prism Fresnel prism            Frosted lenses                                      Slab-off lenses            High index glass                                      Special base curves            Industrial thickness lenses                      Tinted lenses            Myodisc Scratch-resistant coating              UV-400 filter            Photochromatic lenses</p> <p>- Contact lens exam, contact lenses and miscellaneous codes require prior authorization.            - Repairs for glasses do not require prior authorization. There is no benefit limit for repairs to glasses.            - Other frames: CareSource reimburses a standard amount of \$22.50 for any other non-covered frames a member might choose. Please use code V2025 when submitting claims for these frames. The member is responsible for the difference between this amount and the cost of the frames. All such payments are arranged between the member and the vision provider.</p>