



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

Medicaid Transmittal Letter (MTL) No. 3344-16-07

DATE: March 28, 2016

TO: Eligible Medicaid Providers of Durable Medical Equipment, Prostheses,
Orthoses, and Supplies (DMEPOS)
Chief Executive Officers, Managed Care Plans
Directors, County Departments of Job and Family Services

FROM: John B. McCarthy, Medicaid Director

SUBJECT: Revision of Form ODM 01913

Form ODM 01913, "Certificate of Medical Necessity/Prescription: General Medical Supplies: Overage," is used by prescribing practitioners to certify the medical necessity of certain supply items. The completed form must be submitted with each request for prior authorization of payment (PA) for those items.

Three modifications have been made to form ODM 01913:

- The reference in the instruction section to the obsolete PA form ODM 03142 is removed.
- The field label *Consumer Name* is updated to *Medicaid Recipient Name*.
- The reference in the diagnosis field to *ICD-9* is updated to *ICD-10*.

The effective date of the revised form is April 1, 2016.

Additional Information

Questions about program coverage of and limitations on DMEPOS should be directed to the DMEPOS Question Line and Voice Mailbox, 614-466-1503.

Questions involving individual recipient eligibility, the submission of a new prior authorization request, the status of an existing prior authorization request, or a previously submitted claim should be directed to the general Provider Help Line, 800-686-1516.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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800-686-1516