

**Listing of Prior Authorization Requirements for  
Non-Institutional Services  
(Pursuant to SB 129, 131<sup>st</sup> General Assembly)**

**Revised: November 2017**

Services	Prior authorization requirement in the OAC link below	Is Prior authorization or certification needed?	Link to Certification Form
Dental services [including, dentures, crowns, and orthodontia]	Chapter 5160-5, <a href="http://codes.ohio.gov/oac/5160-5">http://codes.ohio.gov/oac/5160-5</a>	Yes, please see Appendix A, in OAC 5160-5-01, , <a href="http://codes.ohio.gov/pdf/oh/admin/2017/5160-5-01_ph_ff_a_app1_20160921_1537.pdf">http://codes.ohio.gov/pdf/oh/admin/2017/5160-5-01_ph_ff_a_app1_20160921_1537.pdf</a> ; and OAC 5160-5-01, Appendix B, <a href="http://codes.ohio.gov/pdf/oh/admin/2017/5160-5-01_ph_ff_a_app1_20160921_1537.pdf">http://codes.ohio.gov/pdf/oh/admin/2017/5160-5-01_ph_ff_a_app1_20160921_1537.pdf</a>	ODM 03630, "Referral Evaluation Criteria for Comprehensive Orthodontic Treatment", <a href="http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03630fillx.pdf">http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03630fillx.pdf</a>
Vision Services (eye glasses and contacts)	Chapter 5160-6, <a href="http://codes.ohio.gov/oac/5160-6">http://codes.ohio.gov/oac/5160-6</a>	Yes, payment for the following items and services requires prior authorization and, when appropriate documentation of medical necessity: Glass lenses, photochromatic lenses, orthoptic or pleoptic training, Replacement of a complete set of eyeglasses before the end of the time period specified, and contact lenses.	
Spinal manipulation and related diagnostic imaging services	Rule 5160-8-11, <a href="http://codes.ohio.gov/oac/5160-8-11">http://codes.ohio.gov/oac/5160-8-11</a>	Yes, the following coverage limits, which may be exceeded with prior authorization, are established for the indicated services: Spinal manipulation, one treatment per date of service; diagnostic imaging of the entire spine to determine the existence of a subluxation, two sessions per benefit year; all other imaging, two sessions per six-month period; and visits in an outpatient setting, thirty dates of service per benefit year for an individual younger than twenty-one years of age, fifteen dates of service per benefit year for an individual twenty-one years of age or older	

Skilled therapy (Physical, occupational, speech-language and audiology)	Rules 5160-8-30 to -34, <a href="http://codes.ohio.gov/oac/5160-8-32v1">http://codes.ohio.gov/oac/5160-8-32v1</a>	Yes, payment for additional skilled therapy visits in a non-institutional setting can be requested through the prior authorization process	
Acupuncture	Rule 5160-8-51	Yes, payment for more than thirty acupuncture visits per benefit year requires prior authorization <a href="http://codes.ohio.gov/oac/5160-8">http://codes.ohio.gov/oac/5160-8</a> **Please note that rule will go into effect 1/1/18	
Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)	Chapter 5160-10, <a href="http://codes.ohio.gov/oac/5160-10">http://codes.ohio.gov/oac/5160-10</a>	Yes, please refer to Chapter 5160-10 or specific DME services	
Medical supplies	Rule 5160-10-03, <a href="http://codes.ohio.gov/oac/5160-10-03">http://codes.ohio.gov/oac/5160-10-03</a>	Yes, please see Appendix A, of 5160-10-03 <a href="http://www.medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/5160-10-03-phffaapp2-20160321-1242.pdf">http://www.medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/5160-10-03-phffaapp2-20160321-1242.pdf</a>	ODM 01913, "Certificate of Medical Necessity/Prescription: General Medical Supplies: Overage", <a href="http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01913fillx.pdf">http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01913fillx.pdf</a>
Pneumatic compression devices and accessories	Rule 5160-10-04, <a href="http://codes.ohio.gov/oac/5160-10-04">http://codes.ohio.gov/oac/5160-10-04</a>	Yes, a fully completed "Certificate of Medical Necessity/Prescription Pneumatic Compression Device" signed and dated by the treating prescriber must be obtained by the provider no more than thirty days prior to the first date of service in order to request authorization	ODM 02929, "Certificate of Medical Necessity/Prescription: Pneumatic Compression Devices", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02929fillx.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02929fillx.pdf</a>

Reimbursement for covered services	Rule 5160-10-05, <a href="http://codes.ohio.gov/oac/5160-10-05">http://codes.ohio.gov/oac/5160-10-05</a>	Yes, unless prior authorization has been obtained for used DME, all DME must be new at the time of purchase or have been new at the time of rental. If a change in a consumer's condition warrants a change in equipment, the existing equipment must be noted when prior authorization is requested for new equipment.	
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Prior authorization	Rule 5160-10-06, <a href="http://codes.ohio.gov/oac/5160-10-06">http://codes.ohio.gov/oac/5160-10-06</a>	Yes, unless otherwise specified, reimbursement for some medical supplier services is available only upon prior authorization from ODM.	
Repair of medical equipment	Rule 5160-10-08, <a href="http://codes.ohio.gov/oac/5160-10-08">http://codes.ohio.gov/oac/5160-10-08</a>	Yes, Prior authorization must be obtained for minor repairs in excess of one per recipient per one hundred twenty-day period and for minor repairs within ninety days after the dispensing date of equipment.	ODM 01904, "Certificate of Medical Necessity/Prescription: DME repair", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01904.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01904.pdf</a>
Apnea monitors	Rule 5160-10-09, <a href="http://codes.ohio.gov/oac/5160-10-09">http://codes.ohio.gov/oac/5160-10-09</a>	Yes, the provider must maintain on file a certificate of medical necessity signed by the attending physician. Please refer OAC 5160-10-09 for comprehensive listing.	ODM 02900, "Certificate of Medical Necessity/Prescription: Apnea Monitors", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02900fillx.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02900fillx.pdf</a>
Hearing aids	Rule <a href="http://codes.ohio.gov/oac/5160-10-11v1">http://codes.ohio.gov/oac/5160-10-11v1</a> e <a href="http://codes.ohio.gov/oac/5160-10-11">5160-10-11</a>	Yes, hearing aids must be prior authorized before being eligible for reimbursement. Please refer to OAC 5160-10-11 for proper documentation.	ODM 01915, "Certificate of Medical Necessity/Prescription: Hearing Aids", <a href="http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01915.pdf">http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01915.pdf</a>
Oxygen services	Rule 5160-10-13, <a href="http://codes.ohio.gov/oac/5160-10-13">http://codes.ohio.gov/oac/5160-10-13</a>	Yes, payment for oxygen services can be made if an authorized provider certifies on a form, the certificate of medical necessity (CMN) that services are medically necessary.	ODM 01909, "Certificate of Medical Necessity/Prescription: Oxygen Therapy", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01909fillx.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01909fillx.pdf</a>
Compression garments	Rule 5160-10-14, <a href="http://codes.ohio.gov/oac/5160-10-14">http://codes.ohio.gov/oac/5160-10-14</a>	Yes, compression garments must be obtained through prior authorization. Requests must contain the manufacturer and catalogue number.	ODM 01905, "Certificate of Medical Necessity/Prescription: Compression Garments", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01905.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01905.pdf</a>
Transcutaneous electrical nerve stimulators (TENS)	Rule 5160-10-15, <a href="http://codes.ohio.gov/oac/5160-10-15">http://codes.ohio.gov/oac/5160-10-15</a>	Please refer to OAC 5160-10-15 for documentation to be kept in the provider's records.	ODM 03402, "Certificate of Medical Necessity/Prescription: TENS", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03402.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03402.pdf</a>

DMEPOS: wheelchairs	Rule 5160-10-16, <a href="http://codes.ohio.gov/oac/5160-10-16">http://codes.ohio.gov/oac/5160-10-16</a>	Yes, please see wheelchairs and related parts and services table, <a href="http://www.medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/5160-10-16-WheelchairPaymentTableCORRECTION.xlsx">http://www.medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/5160-10-16-WheelchairPaymentTableCORRECTION.xlsx</a>	ODM 03411, "Certificate of Medical Necessity/Prescription: Wheelchairs", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03411fillx.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03411fillx.pdf</a>
Hospital beds, pressure-reducing support surfaces, and accessories	Rule 5160-10-18, <a href="http://codes.ohio.gov/oac/5160-10-18">http://codes.ohio.gov/oac/5160-10-18</a>	Yes, a request for prior authorization must include accompanying documentation signed by the prescriber which specifies the medical condition, severity and frequency of symptoms. Please refer to OAC 5160-10-18 for a list of required documents	ODM 02910, "Certificate of Medical Necessity/Prescription: hospital beds", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02910.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02910.pdf</a> ; ODM 02904, "Certificate of Medical Necessity/Prescription: Decubitus Care Equipment", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02904.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02904.pdf</a>
Orthotic devices, prostheses, and related services	Rule 5160-10-20, <a href="http://codes.ohio.gov/oac/5160-10-20">http://codes.ohio.gov/oac/5160-10-20</a>	Yes, please see OAC 5160-10-20, Appendix A, <a href="http://www.medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/5160-10-20-phffnapp1-20160321-1242.pdf">http://www.medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/5160-10-20-phffnapp1-20160321-1242.pdf</a>	
Incontinence garments and related supplies	Rule 5160-10-21, <a href="http://codes.ohio.gov/oac/5160-10-21">http://codes.ohio.gov/oac/5160-10-21</a>	A fully completed certificate of medical necessity/prescription incontinence supplies that is written, signed with an original signature, and dated by the treating prescriber must be obtained at least every twelve months from the date of the prescriber's attestation signature and kept on file by the provider	ODM 02912, "Certificate of Medical Necessity/Prescription: Incontinence Supplies", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02912fillx.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02912fillx.pdf</a>
Pulse oximeters	Rule 5160-10-23, <a href="http://codes.ohio.gov/oac/5160-10-23">http://codes.ohio.gov/oac/5160-10-23</a>	Yes, all prior authorization requests must include a fully completed certificate of medical necessity/prescription pulse oximeter that is signed by an eligible prescriber and dated no more than thirty days prior to the first date of service	ODM 03401, "Certificate of Medical Necessity/Prescription: Pulse Oximeter", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03401fillx.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03401fillx.pdf</a>

Speech generating devices (SGD)	Rule 5160-10-24, <a href="http://codes.ohio.gov/oac/5160-10-24">http://codes.ohio.gov/oac/5160-10-24</a>	Yes, a completed certificate of medical necessity is required. Please refer to OAC 5160-10-24	ODM 02924, "Certificate of Medical Necessity/Prescription: Speech Generating Device initial Certification", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02924.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02924.pdf</a> ; ODM 02925, "Certificate of Medical Necessity/Prescription: Speech Generating Device Recertification", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02925.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02925.pdf</a> ; ODM 02926, "Certificate of Medical Necessity/Prescription: Speech Generating Device Repair Modification Upgrade", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02926.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02926.pdf</a>
Lactation pumps	Rule 5160-10-25, <a href="http://codes.ohio.gov/oac/5160-10-25">http://codes.ohio.gov/oac/5160-10-25</a>	Prior authorization is not needed for the purchase of a lactation pump; however, providers must keep on file certificate of medical necessity/prescription lactation pumps that is signed and dated no more than thirty days prior to the first date of service. Hospital grade (HG) do not require an initial prior authorization. The rental period is ninety consecutive days. The rental period may be extended beyond the initial ninety days with prior authorization	ODM 01901, "Certificate of Medical Necessity/Prescription: Lactation Pumps", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01901.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01901.pdf</a>
Enteral nutritional products	Rule 5160-10-26, <a href="http://codes.ohio.gov/oac/5160-10-26">http://codes.ohio.gov/oac/5160-10-26</a>	Yes, a fully completed certificate of medical necessity for enteral nutrition services/prescription must be submitted for prior authorization no more than thirty days prior to the first date of service. Please refer to OAC 5160-10-26 for more specifics	ODM 01907, "Certificate of Medical Necessity/Prescription: Enteral Nutrition Services", <a href="http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01907fillx.pdf">http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01907fillx.pdf</a>

Non-invasive bone (osteogenesis) stimulators	Rule 5160-10-28, <a href="http://codes.ohio.gov/oac/5160-10-28">http://codes.ohio.gov/oac/5160-10-28</a>	Yes, a fully completed certificate of medical necessity/prescription Osteogenesis bone stimulators that is signed and dated no more than thirty days prior to the first date of service must be submitted for prior authorization	ODM 07134, "Certificate of Medical Necessity/Prescription: Osteogenesis Bone Stimulators", <a href="http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM07134.pdf">http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM07134.pdf</a>
External insulin infusion pumps	Rule 5160-10-29, <a href="http://codes.ohio.gov/oac/5160-10-29">http://codes.ohio.gov/oac/5160-10-29</a>	Yes, a fully completed certificate of medical necessity/prescription external infusion pump that is signed and dated no more than thirty days before the first date of service	ODM 07136, "Certificate of Medical Necessity/Prescription: External Insulin Infusion Pump", <a href="http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM07136.pdf">http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM07136.pdf</a>
Therapeutic footwear for consumers with diabetes	Rule 5160-10-31, <a href="http://codes.ohio.gov/oac/5160-10-31">http://codes.ohio.gov/oac/5160-10-31</a>	Yes, documentation of medical necessity before reimbursement for therapeutic footwear will be considered. Please refer to OAC 5160-10-31	ODM 01912, "Certificate of Medical Necessity/Prescription: Diabetic Footwear", <a href="http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01912fillx.pdf">http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01912fillx.pdf</a>
Early and periodic screening, diagnostic, and treatment (EPSDT) services	Chapter 5160-14, <a href="http://codes.ohio.gov/oac/5160-14">http://codes.ohio.gov/oac/5160-14</a> ; soon to be replaced by rule 5160-1-14	Coverage limits that have been established may be exceeded, with prior authorization, for medically necessary services rendered to Medicaid-eligible individuals younger than twenty-one.	
Transportation	Chapter 5160-15, <a href="http://codes.ohio.gov/oac/5160-15">http://codes.ohio.gov/oac/5160-15</a>	Transportation services never require prior authorization. Claims for trips involving unlikely or unusual combinations of origin and destination points are subject to manual review.	ODM 03452, "Certification of Necessity for Transportation by Wheelchair Van", <a href="http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03452fillx.pdf">http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03452fillx.pdf</a> ; ODM 01960, "Certification of Necessity for Non-Emergency Transportation by Ground Ambulance", <a href="http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01960fillx.pdf">http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM01960fillx.pdf</a>



Abortions	Chapter 5160-17, <a href="http://codes.ohio.gov/oac/5160-17">http://codes.ohio.gov/oac/5160-17</a>	Yes, certification must be made on form, "Abortion Certification". Please refer to OAC 5160-17-01	ODM 03197, "Prior Authorization: Abortion Certification", <a href="http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03197fillx.pdf">http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03197fillx.pdf</a>
Permanent contraception/sterilization services and hysterectomy	Rule 5160-21-02.2, <a href="http://codes.ohio.gov/oac/5160-21-02.2">http://codes.ohio.gov/oac/5160-21-02.2</a>	Yes, consent must be made on form HHS-687 And/or Acknowledgment of hysterectomy. Please refer to OAC 5160-21-02.2	HHS-687, <a href="http://www.hhs.gov/forms/HHS-687.pdf">www.hhs.gov/forms/HHS-687.pdf</a> ; ODM 03199, "Acknowledgment of Hysterectomy Information", <a href="http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03199.pdf">http://www.medicareid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM03199.pdf</a>