

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

Revised February 2021

Service	Relevant portion of OAC	Need for prior authorization and related certification	Certification form*
Dental services (including, dentures, crowns, and orthodontia)	<a href="#">Chapter 5160-5</a>	Prior authorization requirements are set forth in Appendix A to <a href="#">rule 5160-5-01</a> .	ODM 03630, Referral Evaluation Criteria for Comprehensive Orthodontic Treatment
Vision services (eyeglasses, contact lenses, and optic training)	<a href="#">Chapter 5160-6</a>	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 specified time period, and contact lenses.	
Spinal manipulation and related diagnostic imaging services	<a href="#">Rule 5160-8-11</a>	The following coverage limits may be exceeded with prior authorization: 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 therapy, occupational therapy, speech- language pathology, and audiology)	<a href="#">Rule 5160-8-35</a>	Payment for additional skilled therapy visits in a non-institutional setting can be requested through the prior authorization process.	
Acupuncture	<a href="#">Rule 5160-8-51</a>	Payment for more than thirty acupuncture visits per benefit year requires prior authorization.	

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Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)	<a href="#">Chapter 5160-10</a>	Prior authorization requirements for most DMEPOS items and services are summarized in the <a href="#">main DMEPOS payment schedule</a> and the <a href="#">Wheelchair payment schedule</a> , which are posted on the department's <a href="#">Fee Schedules and Rates</a> webpage.	ODM 01901, Certificate of Medical Necessity: Lactation Pumps ODM 01902, Certificate of Medical Necessity: Ventilators ODM 01903, Certificate of Medical Necessity: Positive Airway Pressure Devices ODM 01904, Request for Need Verification: Repair of Durable Medical Equipment (Other Than Wheelchairs), Prostheses, or Orthotic Devices ODM 01905, Certificate of Medical Necessity: Compression Garments ODM 01907, Certificate of Medical Necessity: Enteral and Parenteral Nutrition ODM 01909, Certificate of Medical Necessity: Oxygen ODM 01912, Certificate of Medical Necessity: Therapeutic Footwear for Individuals With Diabetes ODM 01913, Certificate of Medical Necessity / Request for Need Verification: General Medical Supplies and Equipment ODM 01915, Certificate of Medical Necessity: Hearing Aids ODM 02900, Certificate of Medical Necessity: Apnea Monitors ODM 02904, Certificate of Medical Necessity: Pressure-Reducing Support Surfaces ODM 02910, Certificate of Medical Necessity: Hospital Beds and Bed Accessories ODM 02912, Certificate of Medical Necessity: Incontinence Items ODM 02924, Certificate of Medical Necessity: Speech-Generating Devices ODM 02929, Certificate of Medical Necessity: Pneumatic Compression Devices and Accessories ODM 03401, Certificate of Medical Necessity: Pulse Oximeters

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			ODM 03402, Certificate of Medical Necessity: Transcutaneous Electrical Nerve Stimulation (TENS) Units ODM 03411, Certificate of Medical Necessity: Wheelchairs ODM 07134, Certificate of Medical Necessity: Osteogenesis Stimulators ODM 07136, Certificate of Medical Necessity: Insulin Pumps ODM 10229, Certificate of Medical Necessity: High-Frequency Chest Wall Oscillation Devices
Clinical laboratory services	<a href="#">Rule 5160-11-11</a>	Payment for definitive drug testing involving 22 or more drug classes requires prior authorization.	
Abortion	<a href="#">Chapter 5160-17</a>	Payment for abortion requires certification that the pregnancy (1) places the woman's life at risk, (2) is the result of rape, or (3) is the result of incest.	ODM 03197, Prior Authorization: Abortion Certification
Permanent contraception/sterilization services and hysterectomy	<a href="#">Rule 5160-21-02.2</a>	Payment for sterilization requires informed consent by the patient. Payment for hysterectomy requires acknowledgment by the patient that the operation will cause sterility.	HHS-687 [OMB-0937-0166], Consent for Sterilization ODM 03199, Acknowledgment of Hysterectomy Information

\*Certification forms may be accessed on the [Medicaid Forms Listing](#) webpage.

Please note that prior authorization policies may be different for Medicaid recipients enrolled in Medicaid managed care plans (MCPs).