






**MEDICAID
MANAGED CARE PRIOR AUTHORIZATION REQUIREMENTS***

Category	Managed Care Plan							Notes: *ALL NON-PAR SERVICES REQUIRE PA
								
ANCILLARY / DME SERVICES								
Ambulance & Ambulette Services (except emergency)	No	Yes	Yes	Yes	Yes	No	Yes	
Durable Medical Equip	Yes	Yes (\$500)	Yes (>\$750)	Yes, per ODJFS - Medicaid Supply List	Yes (\$300)	Yes (\$200)	Yes, per ODJFS Guidelines	Refer to specific MCP for details
Hearing Aids	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Home Health Services	Yes	Yes	Skilled Home Care Services do not require Prior Auth up to 2/day. Home Health Aids require Prior Auth	Yes	Yes	Yes	Yes	Refer to specific MCP for details re: home infusion
Hospice care	Yes	Yes	Yes	No	Yes	Yes	Yes	
Injectables	***Yes- in a physician's office or clinic.	***Yes- in a physician's office or clinic.	***Yes- in a physician's office or clinic.	a physician's office or clinic.	***Yes- in a physician's office or clinic.	***Yes- in a physician's office or clinic.	***Yes- in a physician's office or clinic.	*** See specific MCP website for details on which injectables require Prior Auth***
Orthodontia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Orthotics	Yes	Yes - Over \$250	Yes (>\$750)	Yes, per ODJFS - Medicaid Supply List	Yes - Over \$300	Yes - Over \$200	No	
Prosthetics	Yes	Yes - Over \$250	Yes (>\$750)	Yes, per ODJFS - Medicaid Supply List	Yes	Yes - Over \$200	No	
Therapy -Occupational, Physical & Speech	Yes	Yes, excluding evaluations	No	No (PT - yes, if >30 visits)	Yes	Yes	No	

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Transportation	Yes - limit 30 one way trips	Yes - limit 30 one way trips with 48hr notice	Yes - limit 30 one way trips per year (48 hour notice)	Yes - limit 15 round trips per year (2 business days notice)	Yes - limit 15 round trips per year (48 hours notice)	Yes - limit 10 round trip per year (two business days notice)	Yes - limit 30 one way per year (48 hours notice)	Refer to specific MCP for details
Wound Vacs/ outpatient only	Yes	Yes	Yes	Yes	Yes	Yes	No	
INPATIENT SERVICES								
Hospital Admissions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Hospital Inpatient Rehab Admission	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Hospice Inpatient Admissions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Nursing Facility Admissions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
OUTPATIENT SERVICES								
Cardiac Rehab/excludes eval	Yes	Yes	No	No	Yes	Yes	No	
Chemotherapy and Radiation	No - Outpatient Yes - Inpatient	No - Outpatient Yes - Inpatient	No - Outpatient Yes - Inpatient	No - Outpatient Yes - Inpatient	Chemo -Yes Radiation requires for OON only	No - Outpatient Yes - Inpatient	No	Refer to specific MCP for details
Chiropractic Services	Yes	adults 15 visits no PA	No	No, unless exceeds benefit limit	Yes	adults 15 visits no PA	No	Child = 30 visits. Adult = 15 visits
Diagnostic Services at non-contracted facilities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Diagnostic Testing:								
PET, SPECT	Yes	Yes	Yes	Yes	Yes	Yes	No	
MRI/MRA, CT Scans	Yes	Yes	Yes	Yes. CT-	Yes	No	Yes	
OB Ultrasound	No	No	No- OB US Yes-Fetal NST > 10	No	No	Yes- >3 routine	No	

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	AMERIGROUP Community Care LIVE WELL • VIVA BIEN	Buckeye Community Health Plan	CareSource	MOLINA HEALTHCARE	Unison HEALTH PLAN	WellCare	PARAMOUNT CELEBRATING 30 YEARS	
Ultrasound (non OB)	No	No	No	No	No	No	No	
Dialysis	No	No	No	No	No	1st visit notification	No	
Enteral Nutrition (infant Formula and oral nutrition/ if it does not meet OAC requirements)	Yes	Yes	Yes if >30 cans per mo	Yes	Yes	Yes	Yes	
Genetic testing for congenital Abnormalities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Out of Network Facility Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Out of Network Specialty Referrals	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Outpatient Procedures: Arthroscopy, Cardiac, Catheterization, Laproscopy, Radiation Therapy, Surgery	Yes for Arthroscopy	No	No	Yes for some surgeries	Yes	Yes	Yes for some procedures	Refer to specific MCP for details
Pain Management	Yes	Yes	No	Yes	Yes	Yes	No	
Pulmonary Rehab/excludes eval	Yes	Yes	No	No	No	Yes	No	
Respiratory Therapy	Yes	Yes	No	Yes	Yes	No	No	
Second Medical Opinion from out-of-plan provider	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Sleep Studies	Yes	Yes	No	No	Yes	Yes	No	
Specialty Referrals	OON only	Yes (some)	No	OON only	OON only	OON only	Yes (some)	OON=out of network
Transplant Eval & Admissions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Treatment of Varicose/Spider veins	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
SURGERIES								
Abortions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Bariatric Surgery	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Blepharoplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Cosmetic/Plastic Surgery	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Hysterectomy	Yes, if inpt	Yes	Yes	Yes	Yes	Yes	No	

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	AMERIGROUP Community Care LIVE WELL • VIVA BIEN	Buckeye Community Health Plan	CareSource	MOLINA HEALTHCARE	Unison HEALTH PLAN	WellCare	PARAMOUNT CELEBRATING 20 YEARS	
Mammoplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Oral Surgery	Yes	Yes	Inpatient Only	Yes	Yes	Yes	Yes- Orthognathic Surgery	
Otoplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Rhinoplasty/Septoplasty	Yes	Yes	Yes	yes	Yes	Yes	Yes- Rhinoplasty	
Scar Revisions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Tubal Ligations	No	No	No	Yes	Yes	Yes	No	
Vasectomy	No	No	No	Yes	Yes	Yes	No	
Vagus Nerve Stimulation	Yes	Yes- for implantable devices only	Yes	Yes	Yes	Yes	Yes- Depression	

Clinical information can be submitted as indicated below. If urgent or time-sensitive, please indicate at time of request.

In accordance with federal EPSDT requirements, providers can request prior authorization to exceed coverage or benefit limits for members under age








Contact Information:

Managed Care Plan- web	Fax	Phone					
www.amerigroupcorp.com	866-495-3893	800-600-4441					
www.bchpohio.com							
NE Region PA only	866-529-0290	866-246-4359					
NE Region Inpatient only	866-535-4081	866-246-4359					
EC Region PA only	866-535-4083	866-246-4359					
EC Region Inpatient only	866-709-1109	866-246-4359					
SW Region PA only	886-704-3069	866-246-4359					
SW Region Inpatient only	866-535-2895	866-246-4359					
NW Region PA only	866-535-4084	866-246-4359					
NW Region Inpatient only	866-753-7547	866-246-4359					
www.caresource-ohio.com	888-752-0012	800-488-0134					
www.molinahealthcare.com	866-449-6843	800-642-4168					
www.unisonhealthplan.com	866-839-6454	800-366-7304					
www.ohio.wellcare.com	DME/PT/OT/ST	877-431-8859	800-951-7719				
Outpatient Services	877-277-1820	800-951-7719					
Inpatient Services	877-431-8860	800-951-7719					
OB Notification	877-647-7475	800-951-7719					

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Pharmacy/Infusion Services	877-277-6892	800-951-7719						
www.paramounthealthcare.com	866-214-2024	800.891.2520						

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