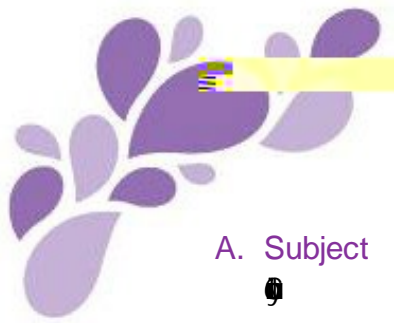


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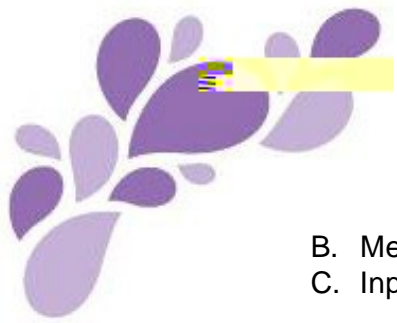


A. Subject

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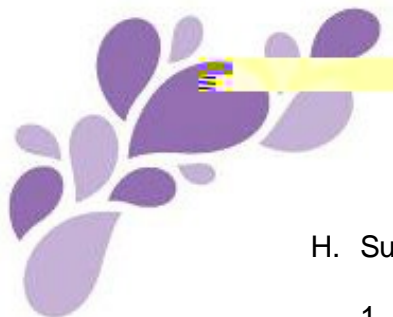
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- B. Medically necessary transportation on a scheduled basis.
- C. Inpatient and Outpatient

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H. Surgical care

1. When a member has been placed in a surgical care treatment plan and until that treatment plan is completed, including scheduled inpatient or outpatient surgeries approved and/or pre-certified. (OAC, 5160-2-40)

I. Physical Therapy, Speech Therapy, Occupational Therapy, Rehabilitation Therapy

1. Coverage will be provided for the first sixty (60) days or until the benefit limit of 30 visits is reached, whichever is completed first.

J. Hospice

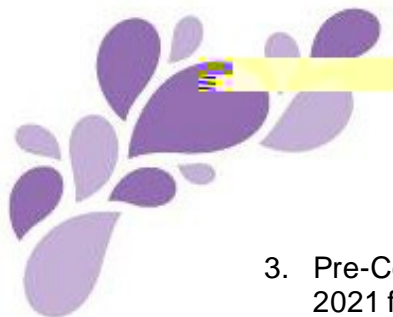
1. When a member has been diagnosed with a terminal illness and life expectancy is six (6) months or less if the illness runs its normal course.

VI. Continuity of Care Process

A. If a non-participating provider's services meet medical necessity and the continuity of care policy, the non-participating provider will need to sign a Single Case Agreement (SCA) agreement.

VII. Continuity of care prior authorization requests for services from non-participating specialists will be determined based on the treatment plan received.

A. S1s/2 0 Td()TjEMC /ew ()Tj0.015 Tc -0.01.3 (i)22.8 (nui)22.i or



3. Pre-Certification Review. Ohio Administrative Code 5160-2-40. Retrieved on April 25, 2021 from www.ohio.gov
4. Medicaid Definitions. Ohio Administrative Code 5160, 1-1-01. Retrieved on April 25, 2021 from www.ohio.gov
5. The Ohio Department of Medicaid Ohio Medical Assistance Provider Agreement, Effective 07/01/2020 – 06/30/2021.

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