

SERVICE CODES			Requires Provider Agreement	Requires Exception	Direct Provider Reimbursement Only	CPT or ADA Codes Required	Other Restrictions
Code	Pot	Description					
<b>20-MEDICAL TRANSPORTATION</b>							
20.10	Consortia	Cab Voucher	⊙				Transportation for Core Services only
20.20	Consortia	Bus Ticket					Transportation for Core Services only
20.40	Consortia	Gas Voucher					Reimbursed mileage only, no cash back (Core Services only)
20.90	Consortia	Other/Unspecified					No car repairs, car payments, auto insurance or direct maintenance (e.g., tires, oil changes)
<b>21-CHILD WELFARE &amp; FAMILY SERVICES</b>							
21.10	Consortia	Legal Aid					Basic wills, trust, etc.
21.20	15	Mental Health Counseling	⊙		⊙	⊙	Six (6) visits/sessions, then exception required. Through a licensed practitioner only; includes bereavement services but cannot be used for funeral, burial, cremation or related expenses.
21.30	Consortia	Child Care	⊙		⊙		Through a licensed facility or a licensed provider only.
21.45	Consortia	Language/Interpretation Services	⊙		⊙		This service can not be provided by family, friends, or neighbors. CMs are encouraged to find professional interpreters.
21.60	Consortia	Healing Weekend					Available one time every three (3) years only.
21.70	Consortia	Adult Day Care	⊙	⊙			Through a licensed facility or a licensed provider only.
21.80	15	Substance Abuse Treatment (outpatient only)	⊙	⊙	⊙	⊙	Through a licensed facility or a licensed provider only.
21.90	Consortia	Other/Unspecified					
<b>22-HOUSING REFERRALS &amp; PLACEMENT</b>							
22.10	Consortia	Rental Deposits					One time per year only.
22.20	Consortia	Moving Expenses					One time per year only.
22.30	Consortia	Utility Bills					
22.40	Consortia	Current Rent					Cannot be used for mortgage payments or back rent. One time per year only.
22.90	Consortia	Other/Unspecified					No rental furniture, stoves, refrigerators, etc. No property tax payments.
<b>23-NUTRITION</b>							
23.10	Consortia	Food Vouchers					No alcohol or tobacco purchases. No pet foods or related products. No cash back.
23.20	Consortia	Oral Nutritional Supplements (e.g., Boost, Ensure, etc.)					Does not include vitamins.
23.25	Consortia	Home delivered meals	⊙		⊙		Through an authorized provider only.
23.30	Consortia	Baby Formula					
23.90	Consortia	Other/Unspecified					No alcohol or tobacco purchases. No pet foods or related products. No cash back.
<b>24-REHABILITATION</b>							
24.05	Consortia	Rehabilitation Copayment			⊙		
24.10	Consortia	Physical Therapy	⊙		⊙	⊙	
24.20	Consortia	Speech Therapy	⊙		⊙	⊙	
24.30	Consortia	Adaptive Equipment		⊙			
24.90	Consortia	Other/Unspecified					No tuition expenses or employment-readiness services. No syringe exchange programs.

SERVICE CODES (cont)			Requires Provider Agreement	Requires Exception	Direct Provider Reimburse. Only	CPT or ADA Codes Required	Other Restrictions	
<b>25-DIAGNOSTICS &amp; MONITORING</b>								
							<i>(CPT codes below are examples only)</i>	
25.05	15	Laboratory Copayment			⊙	⊙		
25.06	15	Urinalysis	⊙		⊙	⊙	81000-81099	
25.10	15	T-Cell Counts	⊙		⊙	⊙	Within US Public Health Service Treatment Guidelines. 88180 and others	
25.20	15	Complete Blood Count (CBC)	⊙		⊙	⊙	85025	
25.25	15	Platelets	⊙		⊙	⊙	85576, 85585, 85590, 85597	
25.28	15	RPR-Syphilis	⊙		⊙	⊙	2-86593	
25.30	15	Viral Load	⊙		⊙	⊙	87536, 83898	
25.40	14	Genotype	⊙	⊙-OHDAP	⊙	⊙	Within US Public Health Service Treatment Guidelines. 83890, 83892, 83894, 83898, 83902, 83904, 83912, 87901	
25.50	14	Phenotype	⊙	⊙-OHDAP	⊙	⊙	Within US Public Health Service Treatment Guidelines. 86906	
25.55	14	Virtual Phenotype	⊙	⊙-OHDAP	⊙	⊙	Within US Public Health Service Treatment Guidelines.	
25.56	14	Abacavir HLA-Antibody Test	⊙	⊙-OHDAP	⊙	⊙		
25.57	14	Tropism Test for Maraviroc	⊙	⊙-OHDAP	⊙	⊙	Contact the OHDAP Nurse for more information	
25.60	15	Lipid Profile (to include total cholesterol, HDL, LDL)	⊙		⊙	⊙	80061	
25.65	15	Hepatic Function Panel (liver function tests)	⊙		⊙	⊙	80058	
25.70	15	Triglycerides	⊙		⊙	⊙	84478	
25.75	15	Comprehensive Chem Panel	⊙		⊙	⊙	80054	
25.80	15	Hepatitis A, B, C Panel	⊙		⊙	⊙	80059	
25.85	15	Tuberculosis (TB)	⊙		⊙	⊙	86580, 2-86585, 87116, 87117 (including confirmatory chest x-ray and sputum cultures)	
25.86	15	Herpes Culture	⊙		⊙	⊙	87207, 87531-87533	
25.87	15	Pap smear			⊙	⊙	88141-88155, 88164-88167; Pap smear should be obtained twice during the first year after diagnosis of HIV infection and, if the results are normal, annually thereafter	
25.90	15	Other/Unspecified	⊙		⊙	⊙		
<b>26-MEDICAL SERVICES</b>								
							<i>(CPT codes below are examples only)</i>	
26.10	15	Physician Visits	⊙		⊙	⊙	99201-99215	
26.12	15	Advanced Practice Nurse Visit	⊙		⊙	⊙		
26.14	15	Medical Nutrition Therapy	⊙		⊙	⊙	Licensed registered dietitian outside of a primary care visit	
26.15	15	Physician Visit--Vision Care	⊙		⊙	⊙	Performed annually by an ophthalmologist for patients with low CD4 counts (< 50 cells/mm <sup>3</sup> ) and/or CMV related.	
26.20	15	Emergency Drug Prescriptions	⊙	⊙ See Note	⊙		For non-OHDAP formulary medications only that are specifically HIV-related (e.g., antibiotics) the CM can authorize a one time fill without an exception. An quarterly exception is required for ongoing (non-OHDAP) medications.	
26.23	15	HIV-Related Prescriptions available at \$4					Whether OHDAP formulary or non-formulary medications (HIV-related only), if the case manager can get the medication at \$4 special pricing (e.g., Walmart, Meijer, etc), this may be done without submitting an exception. This is not limited to a one-time fill. If the client is eligible for the Hamilton County Tax Levy funds, use this code if you can get their medications for \$3 co-payments. You may do this without submitting an exception and this is not limited to a one-time fill.	
26.25	14	Emergency OHDAP Formulary Prescriptions	⊙	⊙-OHDAP	⊙		For OHDAP formulary medications.	
26.30	15	Medical Visit Co-Pay			⊙		CPT codes are not needed for medical co-pays	
26.35	15	Physician Visit-Vision Care Co-Pay			⊙		CPT codes are not needed for medical co-pays	
26.40	15	Prescription Drug Copayments (Non OHDAP Formulary)			⊙		For non-OHDAP formulary medications that are specifically HIV-related (e.g., antibiotics).	
		Prescription Drug Copayments (OHDAP Formulary)	See Section 29-HEALTH INSURANCE for specific codes					
26.45	15	Immunizations	⊙		⊙	⊙	Check OHDAP formulary first.	

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<b>26-MEDICAL SERVICES (Continued)</b>							<i>(CPT codes below are examples only)</i>
26.46	15	Injectible medications (e.g., B12)	⊙		⊙	⊙	Injectible testosterone is not included. Check OHDAP formulary first.
26.50	Consortia	Supplies (e.g., gloves, incontinence pads)	⊙		⊙		
26.55	15	Eyeglasses	⊙		⊙		HIV related only
26.60	15	Venipuncture	⊙		⊙	⊙	36410, 36415
26.70	15	X-Rays	⊙	⊙	⊙	⊙	Any X-Ray not related to TB. TB X-Rays should be coded 25.85
26.80		Patient Liability					This is a placeholder code for a new Medicaid-related program.
26.90		Other/Unspecified	⊙		⊙	⊙	
<b>27-DENTAL SERVICES</b>							
27.10	15	Office Visit	⊙		⊙	⊙	
27.20	15	Dental Cleaning	⊙		⊙	⊙	Limited to 2 per year
27.30	15	Dental Visit Copayment	⊙		⊙		
27.40	15	Tooth Extraction(s)	⊙		⊙	⊙	
27.50	15	Dentures	⊙	⊙	⊙	⊙	Limited to once every 5 years
27.60	15	Dental X-Rays	⊙		⊙	⊙	
27.90	15	Other/Unspecified	⊙		⊙	⊙	
<b>28-STATE HOME HEALTH FUNDS (ODH Use Only)</b>							
28.10	10	Home Health Aide-additional hours	⊙		⊙		
28.11	10	Home Health Aide-first hour	⊙				
28.20	10	Home Maker-additional hours	⊙		⊙		
28.21	10	Home Maker-first hour	⊙				
28.30	10	RN Visit	⊙		⊙		
28.40	10	RN Assessment	⊙		⊙		
28.50	10	Supplies (e.g., gloves, incontinence pads)	⊙		⊙		
28.60	10	LPN Visit	⊙		⊙		
28.90	10	Other/Unspecified	⊙		⊙		Usually for an emergency response system
<b>29-HEALTH INSURANCE</b>							
29.10		<b>Private Health Insurance</b>					
29.11	11	Private Health Insurance Premium		⊙-OHDAP			OHDAP Exception needed
29.12	11	Private Health Insurance Rx Copay		⊙-OHDAP			OHDAP Exception needed for formulary medications
29.13	11	Private Health Insurance Deductible		⊙-OHDAP			OHDAP Exception needed
29.20		<b>COBRA Insurance</b>					
29.21	11	COBRA Insurance Premium		⊙-OHDAP			OHDAP Exception needed
29.22	11	COBRA Insurance Rx Copay		⊙-OHDAP			OHDAP Exception needed for formulary medications
29.23	11	COBRA Insurance Deductible		⊙-OHDAP			OHDAP Exception needed
29.30		<b>Medicare Part D</b>					
29.31	11	Medicare Part D Premium		⊙-OHDAP			OHDAP Exception needed
29.32	11	Medicare Part D Rx Copay		⊙-OHDAP			OHDAP Exception needed for formulary medications
29.33	11	Medicare Part D Deductible		⊙-OHDAP			OHDAP Exception needed
29.34	11	Medicare Part D Co-Insurance		⊙-OHDAP			OHDAP Exception needed
29.40		<b>Medicaid</b>					
29.41	11	Medicaid Rx Copay		⊙-OHDAP			OHDAP Exception needed for formulary medications UNLESS co-pay is \$3 or less
29.52	11	Veterans Affairs Copay		⊙-OHDAP			This is an internal service code that currently applies to Cleveland only.

SERVICE CODES (cont)				Requires Exception		
30.xx	12	Medicaid Spenddown Payment		Ⓞ-OHDAP		Use attached county codes for Spenddown service codes.
	.01	Adams	.31	Hamilton	.61	Noble
	.02	Allen	.32	Hancock	.62	Ottawa
	.03	Ashland	.33	Hardin	.63	Paulding
	.04	Ashtabula	.34	Harrison	.64	Perry
	.05	Athens	.35	Henry	.65	Pickaway
	.06	Auglaize	.36	Highland	.66	Pike
	.07	Belmont	.37	Hocking	.67	Portage
	.08	Brown	.38	Holmes	.68	Preble
	.09	Butler	.39	Huron	.69	Putnam
	.10	Carroll	.40	Jackson	.7	Richland
	.11	Champaign	.41	Jefferson	.71	Ross
	.12	Clark	.42	Knox	.72	Sandusky
	.13	Clermont	.43	Lake	.73	Scioto
	.14	Clinton	.44	Lawrence	.74	Seneca
	.15	Columbiana	.45	Licking	.75	Shelby
	.16	Coshocton	.46	Logan	.76	Stark
	.17	Crawford	.47	Lorain	.77	Summit
	.18	Cuyahoga	.48	Lucas	.78	Trumbull
	.19	Darke	.49	Madison	.79	Tuscarawas
	.20	Defiance	.50	Mahoning	.80	Union
	.21	Delaware	.51	Marion	.81	Van Wert
	.22	Erie	.52	Medina	.82	Vinton
	.23	Fairfield	.53	Meigs	.83	Warren
	.24	Fayette	.54	Mercer	.84	Washington
	.25	Franklin	.55	Miami	.85	Wayne
	.26	Fulton	.56	Monroe	.86	Williams
	.27	Gallia	.57	Montgomery	.87	Wood
	.28	Geauga	.58	Morgan	.88	Wyandot
	.29	Greene	.59	Morrow	.98	Out of State
	.30	Guernsey	.60	Muskingham	.99	Unknown