

Ohio Department of Health/HIV CARE Services Section
 Ryan White Emergency Financial Assistance Program

4/1/06 - 3/31/07

SERVICE CATEGORY CODE LIST

(Revised: March 2006)

CODE	SERVICES
20	TRANSPORTATION
.10	<i>Cab Vouchers</i>
.20	<i>Bus Tickets</i>
.30	<i>Sub-contracts</i>
.40	<i>Gas Vouchers (reimbursed mileage) (no cash back)</i>
.90	<i>Other/Unspecified (no car repairs, car payments, auto insurance or direct maintenance, i.e. tires, oil)</i>
21	CHILD WELFARE & FAMILY SERVICES
.10	<i>Legal Aid (basic wills, trusts)</i>
*#+ .20	<i>Mental Health Counseling (through a licensed practitioner; includes bereavement services and cannot be used for funeral, burial, cremation, or related expenses)</i>
.30	<i>Child Care (through a licensed facility or a licensed provider)</i>
.40	<i>Emergency Supplies</i>
.50	<i>Health Insurance Premiums (one time only) (contact the HIPP Program at ODH prior to using Consortia funds for this service)</i>
.60	<i>Healing Weekend (one time only)</i>
.70	<i>Adult Day Care (on an exception basis)</i>
+ .80	<i>Substance Abuse (on an exception basis)</i>
.90	<i>Other/Unspecified</i>
22	HOUSING REFERRALS & PLACEMENT
.10	<i>Deposits</i>
.20	<i>Moving Expenses</i>
.30	<i>Utility Bills</i>
.40	<i>Current Rent (cannot be used for mortgage payments or back rent) (one time per year only)</i>
.90	<i>Other/Unspecified (no rental furniture, stoves, refrigerators, etc.)(no property taxes)</i>
23	NUTRITION
.10	<i>Food Vouchers (no beer, wine, cigarettes, cash back)</i>
.20	<i>Oral Nutritional Supplements, including home delivered meals</i>
.30	<i>Baby Formula/Food</i>
.90	<i>Other/Unspecified (no pet food or products)</i>
24	REHABILITATION
* .05	<i>Rehab Co-pay</i>
* .10	<i>Physical Therapy</i>
* .20	<i>Speech Therapy</i>
.30	<i>Adaptive Equipment</i>
.90	<i>Other/Unspecified (no tuition expenses or employment-readiness services, no syringe exchange programs)</i>

CODE	SERVICES
25	DIAGNOSTICS & MONITORING
*#+ .05	Lab Co-Pay
*#+ .06	Urinalysis (81000-81099) ⓧ
*#+ .10	T-Cell Counts (88180 and others) ⓧ
*#+ .20	CBC (85025) ⓧ
*#+ .25	Platelets (85576, 85585, 85590, 85595, 85597) ⓧ
*#+ .28	RPR-Syphilis (2-86593) ⓧ
*#+ .30	Viral Load (87536) ⓧ / PCR (83898)
*#+ .40	Genotyping (by exception only) (83890, 83892, 83894, 83898, 83902, 83904, 83912) ⓧ **
*#+ .50	Phenotyping (by exception only) (86906) ⓧ **
*#+ .60	Lipid Profile (to include total cholesterol, HDL, LDL) (80061) ⓧ
*#+ .65	Hepatic Function Panel (Liver Function tests) (80058) ⓧ
*#+ .70	Triglycerides (84478) ⓧ
*#+ .75	Comprehensive Chem Panel (80054) ⓧ
*#+ .80	Hepatitis A, B, C Panel (80059) ⓧ
*#+ .85	TB (86580, 2-86585, 87116, 87117) ⓧ
*#+ .86	Herpes culture (87207, 87531-87533) ⓧ
*#+ .87	Pap smear (88141-88155, 88164-88167) ⓧ
*#+ .90	Other/Unspecified
26	MEDICAL SERVICES
*#+ .10	Physician Visits (99201-99215) ⓧ
*+ .20	Emergency Drug Prescriptions (Medications on OHDAP formulary are not permitted to be paid from Consortia funds. Medications must be listed in text box)**
*+ .30	Medical visit co-pays
*+ .40	Prescription drug co-pays (for example antibiotics, non-formulary medications)
*#+ .45	Immunizations
*#+ .46	Medication injections, Testosterone, B12, etc.
.50	Supplies, gloves, incontinent pads, etc.
*#+ .60	Venipuncture (36410, 36415) ⓧ
*#+ .70	X-rays
*#+ .90	Other/Unspecified
27	DENTAL
*#+ .10	Office Visits
*#+ .20	Cleaning (2x per year)
*+ .30	Dental Visit co-pays
*#+ .40	Tooth Extraction(s)
*#+ .50	Dentures
*#+ .60	X-rays
*#+ .90	Other/Unspecified

Please note key at the bottom of the next page

CODE	SERVICES
29	INSURANCE PREMIUMS

.11	Private Insurance
.12	COBRA Policy
.13	Medicare Part D
.14	Insurance without Rx coverage
.20	Co-Payments for Medications
.21	Private Insurance Co-Pays
.22	COBRA Co-Pays
.23	Medicare Part D Co-Pays
.24	Medicaid Co-Pays

30 COUNTY LIST					
.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	.70	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

* Direct provider only reimbursed

CPT or ADA codes required

& Please note that CPT codes are included as a guide only and are by no means an exhaustive list per category

+ Pot 15

**For service codes 25.40, 25.50, and 26.20, exceptions for clients enrolled in OHDAP should be completed on the OHDAP Rx Exception Form and submitted to OHDAP Administrator for pre-approval payment out of OHDAP funds.