

SERVICE CODES (Effective October 1, 2013)			Requires Provider Agreement	Requires Exception	Direct Provider Reimbursement Only	CPT or ADA Codes Required	Other Restrictions
Code	Pot	Description					
14- OHDAP Medical Services							
14.10	14	Genotype	⊙		⊙	⊙	Within US Public Health Service Treatment Guidelines. 87901-
14.15	14	Phenotype	⊙		⊙	⊙	Within US Public Health Service Treatment Guidelines. 87903, 87904
14.20	14	Virtual Phenotype	⊙		⊙	⊙	Within US Public Health Service Treatment Guidelines. 87900 -
14.25	14	Abacavir HLA-Antibody Test	⊙		⊙	⊙	81381, 83891, 83896, 83900, 83912
14.30	14	Tropism Test for Maraviroc	⊙		⊙	⊙	Contact the OHDAP Administrator for more information (87999)
14.35	14	HIV-Related Prescriptions available at \$4	⊙				OHDAP formulary 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.
14.36	14	HIV-Related Prescriptions available at \$3	⊙				OHDAP formulary only -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.No exception needed.
24-Mental Health/Substance Abuse Treatment							
24.10	24	Mental Health Counseling	⊙	⊙	⊙	⊙	Maximum of 13 visits per client per Ryan White Year. Must submit an exception and treatment plan after 1st session. Client will then be eligible for an additional 12 sessions; if exception is approved. (Through a licensed practitioner only) 90801, 90805, 90806, 99404- Adding: 90791, 90792, 90832, 90834, 90837
24.15	24	Mental Health Counseling Co-pay	⊙	⊙	⊙	⊙	Same restrictions as listed above for Mental Health Counseling.
24.25	24	Psychiatry visit (medication management)	⊙	⊙	⊙	⊙	Through a licensed facility or a licensed provider only. 90862-Adding: 99211, 99212, 99213, 99214, 90833, 90836, 90838. NO 13 LIMIT CAP
25-DIAGNOSTICS & MONITORING							
<i>(CPT codes below are examples only)</i>							
25.05	25	Laboratory Copayment			⊙	⊙	
25.06	25	Urinalysis	⊙		⊙	⊙	81000, 81001, 81002, 81003, 81005, 81007, 81015, 81020, 81050
25.10	25	T-Cell Counts	⊙		⊙	⊙	Within US Public Health Service Treatment Guidelines.88184, 88187, 88188, 88189, 86359, 86360, 86361
25.20	25	Complete Blood Count (CBC) with differential	⊙		⊙	⊙	85025, 85027
25.25	25	Platelets	⊙		⊙	⊙	85049, 85576, 85032, 85597, 86022, 86023
25.28	25	RPR-Syphilis	⊙		⊙	⊙	86592, 86593
25.30	25	Viral Load	⊙		⊙	⊙	87534, 87535, 87536, 87537, 87538, 87539
25.60	25	Fasting Lipid Profile (Total cholesterol, HDL, LDL)	⊙		⊙	⊙	80061, 82465, 83718
25.62	25	Fasting Glucose Profile	⊙		⊙	⊙	83036
25.65	25	Hepatic Function Panel (liver function tests) (ALT, AST, T. Bili, D. Bili)	⊙		⊙	⊙	80076, 82040, 82247, 82248
25.70	25	Triglycerides	⊙		⊙	⊙	84478
25.75	25	Comprehensive Chem Panel	⊙		⊙	⊙	80053, 82310, 82314, 82433, 82503, 82947, 84073, 84132, 84133, 84233, 84460, 84450, 84520
25.80	25	Hepatitis A, B, C Panel	⊙		⊙	⊙	86704, 86705, 86706, 86707, 86708, 86803
25.85	25	Tuberculosis (TB)	⊙		⊙	⊙	86480, 86580, 87116
25.86	25	Herpes Culture	⊙		⊙	⊙	87207, 87531-87533
25.87	25	Pap smear	⊙		⊙	⊙	88141, 88142, 88155, 88164, 88165, 88166, 88167, 88174, 88175 -twice during the first year after diagnosis of HIV infection and, if the results are normal, annually thereafter
25.88	25	Chlamydia	⊙		⊙	⊙	86631, 86632, 87110, 87270, 87320
25.89	25	Gonorrhea	⊙		⊙	⊙	87040, 87070, 87081, 87590, 87591, 87592
25.90	25	Other/Unspecified	⊙		⊙	⊙	\$2500 cap per client per Ryan White year

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26-MEDICAL SERVICES							<i>(CPT codes below are examples only)</i>
26.10	26	Physician Visits	⊙		⊙	⊙	99201-99205, 99211-99215
26.12	26	Advanced Practice Nurse Visit	⊙		⊙	⊙	99201-99205, 99211-99215
26.14	26	Medical Nutrition Therapy	⊙		⊙	⊙	Licensed registered dietitian- 97802, 97803
26.15	26	Physician Visit--Vision Care	⊙		⊙	⊙	Performed annually by an ophthalmologist for patients with low CD4 counts (< 50 cells/mm3) and/or CMV related. 86644, 86645, 87271, 87332, 87495, 87496, 87497, 92081, 92082, 92083
26.30	26	Medical Visit Co-Pay			⊙		CPT codes are not needed for medical co-pays
26.35	26	Physician Visit-Vision Care Co-Pay			⊙		CPT codes are not needed for medical co-pays
26.42	26	Facility Fee	⊙	⊙	⊙	⊙	This code can only be used in combination with another 25 or 26 service.
26.45	26	Immunizations	⊙		⊙	⊙	90471, 90472, 90473, 90474
26.55	26	Eyeglasses	⊙		⊙		HIV related only- maximum of \$200
26.60	26	Venipuncture	⊙		⊙	⊙	36415
26.61	26	Hep A, Hep B, Hep A/B combo	⊙		⊙	⊙	90632, 90746, 90636
26.62	26	Quadrivalent HPV (Gardasil)	⊙		⊙	⊙	90649
26.63	26	Bivalent HPV (Cervarix)	⊙		⊙	⊙	90650
26.64	26	Meningococcal Conjugate	⊙		⊙	⊙	90734
26.65	26	Pneumonia PPSV23	⊙		⊙	⊙	90732
26.66	26	Tdap	⊙		⊙	⊙	90715
26.67	26	Td	⊙		⊙	⊙	90714
26.68	26	Influenza	⊙		⊙	⊙	90654, 90655, 90656, 90657, 90658, 90659
26.70	26	Chest X-Rays (only)	⊙		⊙	⊙	71010, 71020 (Only these CPT codes) Chest X-rays ONLY
26.80		Patient Liability					This is a placeholder code for a new Medicaid-related program.
26.90	26	Other/Unspecified	8		8	8	
27-Oral Health Care- Must submit an exception for all oral health services; \$2500 cap per client per Ryan White year							
27.10	27	Office Visit	⊙		⊙	⊙	D0120, D0140, D0150
27.20	27	Dental Cleaning	8		8	8	D1110 (Limited to 2 per year)
27.30	27	Dental Visit Copayment	8		8		N/A
27.35	27	Restorative	8		8	8	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2740, D2740, D2750, D2751, D2752, D2920, D2391
27.45	27	Endodontic Services	8		8	8	D3220, D3310, D3320, D3330, D3346, D3347, D3348
27.50	27	Dentures (removable prosthodontics)	8		8	8	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5410, D5411, D5421, D5422, D5510, D5520, D5610, D5630, D5640, D5650, D5660, D5710, D5711, D5720, D5721, D5750, D5751, D5760, D5761, D6930 (Limited to once every 5 years)
27.55	27	Periodontic Services	8		8	8	D4341, D4342, D4355, D4910
27.60	27	Dental X-Rays	8		8	8	D0210, D0220, D0230, D0240, D0270, D0272, D0274, D0330
27.65	27	Oral Surgery	8		8	8	D7120, D7130, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7270, D7510, D9230
29-HEALTH INSURANCE							
29.10		Private Health Insurance					
29.11	29	Private Health Insurance Premium					Enrollment in OHDAP is required
29.12	29	Private Health Insurance Rx Copay		⊙-OHDAP			OHDAP Exception needed for formulary medications
29.13	29	Private Health Insurance Deductible					Enrollment in OHDAP is required
29.20		COBRA Insurance					
29.21	29	COBRA Insurance Premium					Enrollment in OHDAP is required
29.22	29	COBRA Insurance Rx Copay					Enrollment in OHDAP is required
29.23	29	COBRA Insurance Deductible					Enrollment in OHDAP is required
29.30		Medicare Part D					
29.31	29	Medicare Part D Premium					Enrollment in OHDAP is required
29.32	29	Medicare Part D Rx Copay					Enrollment in OHDAP is required
29.33	29	Medicare Part D Deductible					Enrollment in OHDAP is required
29.34	29	Medicare Part D Co-Insurance					Enrollment in OHDAP is required

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30- Spenddown (ODH Use Only)						
30.xx		Medicaid Spenddown Payment		Ⓞ-OHDP		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