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Provider Prior Authorization Requirements

Pursuant to Ohio Revised Code 5160.34, the Ohio Department of Medicaid (ODM) has consolidated links to Medicaid prior authorization requirements. All changes to prior authorization requirements for ODM-administered services and Managed Care Organization-administered services can be accessed via links on this web page.

Developmental Disabilities

Fee for Service

- Entering a Prior Authorization
- Prior Authorization Error Message
- Services Provided in an Ambulatory Surgical Center
- Services Provided in an Inpatient Hospital
- Services Provided in an Outpatient Hospital
 - Behavioral Health Services Provided in an Outpatient Hospital

Behavioral Health Services Provided in the Community

Managed Care/MyCare Ohio

- Aetna
- Buckeye Health Plan
- CareSource
- Molina Healthcare
- Paramount Advantage
- UnitedHealthcare Community Plan

Non-Institutional

Pharmacy