

ADDENDUM

STATE: Ohio	BUSINESS UNIT: Buckeye Health Plan of Ohio
PRODUCT TYPE: Medicaid	P&P NAME: Durable Medical Equipment (DME)
P&P NUMBER: CP.MP.107	REGULATOR MOST RECENT APPROVAL DATE: Draft

BACKGROUND: In compliance with Ohio Medicaid, Buckeye Health Plan must ensure coverage of medically necessary procedures. The plan covers all the services in the amount, duration, and scope that is no less than that covered by FFS Ohio Medicaid and in accordance with 42 CFR 438.210, with limitations, exclusions, and clarifications provided in the Ohio Medicaid Managed Care Provider Agreement and the Ohio Administrative Code.

PROCEDURE:

- Buckeye Health Plan will not impose hard limits or restrictions on coverage of medically necessary services.
- Buckeye Health Plan will not require any prescribed timeframe for expected use of DME as criteria to determine medical necessity, but rather will consider the medical need of the member along with expected outcomes for maintaining or improving health condition.
- Prior to making determinations regarding coverage of services and procedures, Buckeye Health Plan will conduct a medical necessity review for all requests to include non-covered services and any request for services over an established benefit(s).
- As Service Code E0575 is included in the Ohio Department of Medicaid’s list of covered codes as published in the Ohio Medicaid Fee Schedule, Buckeye Health Plan will review requests for this code/service for medical necessity.
- Buckeye Health Plan will ensure members under age 21 have access to services that are available in accordance with federal EPSDT requirements found at 42 U.S.C. 1396d(r). This would include medically necessary services covered by Ohio Medicaid as well as any medically necessary screening, diagnostic and treatment services available to Ohio Medicaid consumers.
- Providers can request prior authorization to exceed coverage or benefit limits for members under age 21.

REFERENCES:

- Ohio Administrative Code 5160-1-14 EPSDT
- 42 U.S.C. 1396d(r)- EPSDT
- Ohio Administrative Code 5160-26-03 Managed healthcare programs- covered services
- Ohio Administrative Code 5160-26-03-1 Managed health care programs: primary care and utilization management
- Ohio Department of Medicaid Fee Schedule: <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>