

ADDENDUM

STATE: Ohio	BUSINESS UNIT: Buckeye Health Plan of Ohio
PRODUCT TYPE: Medicaid	P&P NAME: Cell-free Fetal DNA Testing
P&P NUMBER: CP.MP.84	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:

- As Service Codes 81422 and 81479 are 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 these codes for medical necessity.
- Buckeye Health Plan will not impose hard limits or restrictions on coverage of medically necessary services.
- 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).

REFERENCES:

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>