



PRIOR AUTHORIZATION REQUIREMENTS ■ MEDICARE

Ambulance

- Air: Fixed Wing
- Non-emergent

Behavioral Health Services

- Inpatient Psychiatric
- Partial Hospitalization
- Psychological Testing
- Neuropsychological Testing
- Electroconvulsive Therapy (ECT)

Cardiac Imaging

- Nuclear Cardiology/MPI
- Stress Echocardiography
- Echocardiography

Clinical Trials

Cosmetic Procedures

DME

Including but not limited to:

- Custom Wheelchairs
- Power Wheelchairs
- BIPAP
- CPAP
- Hospital Bed/Mattress
- Lift Devices including Hoyer
- Infusion Pumps
- Oxygen
- TENS Units
- Ventilators
- Wound Vacuum (Negative Pressure) Devices
- Bone Growth Stimulator
- Vagus Nerve Stimulator

To determine if other DME codes require prior authorization, please refer to:

www.buckeyehealthplan.com/providers/preauth-check/medicare-pre-auth.html

Experimental / Investigational Services

Any item or service potentially considered investigational or experimental must be authorized in advance.

Genetic Testing

Home Health Services

- Home IV Infusion
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Skilled Nursing Visits
- Social Work Visit

Infertility

Includes the following:

- Drug Therapy
- Testing
- Treatment

Inpatient Admission: Elective or Scheduled

- Acute Inpatient Hospital
- Inpatient Rehabilitation Hospital
- Long Term Acute Care Hospital (LTAC)
- Skilled Nursing Facility (SNF)

Orthotics / Prosthetics

Over \$500

Out-of-Network Services

All out-of-network services will require prior authorization except the following:

- Emergent Services
- Urgently needed care when the network is not available
- Out-of-Network Dialysis

Observation Stay

Observation stay greater than 24 hours

Outpatient therapy performed at free standing facility or outpatient hospital*

- Occupational Therapy (OT)
- Physical Therapy (PT)
- Speech-Language Therapy (ST)
- Pulmonary Rehab Therapy

*** \$1,900 Cap for physical therapy (PT) and speech therapy (ST) services combined; \$1,900 Cap for occupational therapy (OT) services. All CAPS are calendar year.**

Pain Management

- Epidural Injections
- Facet Injections
- Trigger Point Injections

Part B Drugs

- Please see Part B Prior Authorization List

Quantitative Drug testing for Drugs of Abuse

Radiology: For FL, GA, OH, TX

Visit www.radmd.com

- MRI
- PET
- MRA
- CT

Surgeries regardless of place of service

- Abortion
- Bariatric Surgery - Services must be rendered at a Medicare Approved Facility
- Blepharoplasty
- Breast Augmentation (except following mastectomy)
- Breast Reduction
- Cochlear Implant
- Excision of Lesion
- Facial Osteotomy
- Hysterectomy
- Mastectomy for Gynecomastia
- Oral Surgery - Temporomandibular Joint Surgery
- Otoplasty
- Reconstructive and Plastic Surgery
- Rhinoplasty
- Sacral Nerve Neuromodulation
- Scar Revision
- Septoplasty
- Spinal surgeries including fusion, stabilization, discectomy
- Uvulopalatopharyngoplasty/ Uvulopharyngoplasty
- Veins (ablation, ligation, stripping, sclerotherapy)

Transplants

Services must be rendered at a Medicare Approved Facility for liver, pancreas, kidney, kidney/pancreas, heart, heart-lung, and intestinal/ multivisceral transplants.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.

NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL SERVICES EXCEPT WHERE INDICATED.

MEDICARE

Timeframes

- Claims Submission: 365 days from the date of service
- Requests for appeal or adjustments: 180 days from the date of the Explanation Of Payment (EOP)

Claim Submission Tips

- Use current specific CPT-4, HCPCS and ICD-10 codes following Medicare guidelines
- Bill using the member's 11-digit Medicare ID number
- Strongly recommend that all expedited claim requests be called in
- If submitting paper claims, only original red forms with computer generated printing in the customizable fields will be accepted

Important Phone Numbers/Addresses

Medical Management

Buckeye Health Plan
4349 Easton Way, Suite 300
Columbus, OH 43219
PH: 1.866.246.4359
Fax: 1.877.861.6722

Provider Services

PH: 1.866.296.8731
Fax: 1.844.866.7712

Member Services

PH: 1.866.389.7690

TTY Line

711

Pharmacy

Involve Pharmacy Solutions
2425 W. Shaw Ave.
Fresno, CA 93711
PH: 1.866.399.0928 (prescribers)
Fax: 1.877.941.0480 (prescribers)

Argus - Claims Processor

Pharmacy Helpdesk: 1.877.935.8021
(pharmacies)

Acaria

PH: 1.855.535.1815
Fax: 1.855.217.0926

24-Hour Nurse Advice Line

PH: 1.866.246.4358, say "Nurse" when prompted

Paper Claims Submission

Allwell from Buckeye Health Plan
PO Box 3060
Farmington, MO 63640
ONLY ORIGINAL RED FORMS WILL
BE ACCEPTED.

Musculoskeletal

Orthopedic and Spinal Surgical Procedures
Visit TuringPoint Healthcare Solutions
Web Portal Intake:
www.myturningpoint-healthcare.com
Telephonic Intake:
1.844.378.3707 | 1.614.407.3447

Appeals Regarding Medical Necessity

Allwell from Buckeye Health Plan
Appeals Department
4349 Easton Way, Suite 300
Columbus, OH 43219

Electronic Claims Submission

Medicare - Ohio Claims Medical

Centene EDI Department
PH: 1.800.225.2573 ext: 6075525 or
via e-mail at: FDIBA@centene.com
Payor ID 68069
Visit www.allwell.buckeyehealthplan.com
Click Provider Home/Resources/Electronic
Transactions (EDI).



Medicare - Ohio Claims Behavioral Health

PO Box 3060
Farmington, MO 63640-3822
Claims PH: 1.877.730.2117
Care Mgmt PH: 1.800.224.1991
Electronic Claims Submission
Payor ID 68069



Adjustments and Appeals Regarding Claim Payment

Allwell from Buckeye Health Plan
Claim Reconsideration Department
PO Box 4000
Farmington, MO 63640-3822

Please use the adjustment form found on our website. Do not include a copy of the original form.

	
HMO CMS#: XXXX-XXX Effective: <mm/dd/yyyy>	
MEMBER INFORMATION Name: <First Last> Member ID#: <XXXXXXXXXX-XX> Issuer ID: <(80840)> <XXXXXXXXXX>	PHARMACY INFORMATION  RxClaims Processor: <CVS Caremark> RxBIN: <004336> RxPCN: <MEDDADV> RxGrp: RX8915
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>	

Sample Medicare ID Card

	
HMO SNP CMS#: XXXX-XXX Effective:	
MEMBER INFORMATION Name: <First Last> Member ID#: <XXXXXXXXXX-XX> Issuer ID: <(80840)> <XXXXXXXXXX>	PHARMACY INFORMATION  RxClaims Processor: <CVS Caremark> RxBIN: <004336> RxPCN: <MEDDADV> RxGrp: <RX6270>
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>	

Sample Medicare HMO SNP Card