**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](http://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](http://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**
Envolve 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](http://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: 607525 or via e-mail at: EDIBA@centene.com  
Payor ID 68069  
Visit [www.allwell.buckeyehealthplan.com](http://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: 1.877.730.2177  
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.

---

Sample Medicare ID Card

Sample Medicare HMO SNP Card