



## 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](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

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

### Centapico Behavioral Health

CBH - Ohio Claims  
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

### 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

### Electronic Claims Submission



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

### 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.

### Appeals Regarding Medical Necessity

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

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

Sample Medicare ID Card

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

Sample Medicare HMO SNP Card