

**1. If your patient has chosen to Opt Out of the Medicare portion of MyCare OH, Buckeye Health Plan is managing the Medicaid benefits and will only reimburse claims for Medicaid services.**

A Prior Authorization for secondary payment from Buckeye is not required for the service(s) covered by their Medicare plan. Please submit the claim(s) to the plan managing the Medicare benefits (Medicare Fee For Service or Medicare Advantage Plan/Medicare Part C).

**2. Are you in Buckeye's network? If no, all out of network services require prior authorization except:**

- Emergency services
- Urgently needed care when services at a network provider are not available
- Out-of-network dialysis

**3. Will the service(s) be performed in an inpatient setting? If yes, the services require prior authorization including:**

- Acute inpatient hospital
- Custodial admissions to nursing homes and skilled nursing facilities
- Inpatient rehabilitation hospital
- Long-term acute care hospital (LTAC)
- Skilled nursing facility

**4. Is the service a waiver service? If yes, the service must be authorized by the care manager based on member waiver eligibility.**

To arrange, call **Care Management: 1.866.549.8289**, Mon. – Fri., 8 am-6 pm.

Medical Management, Buckeye Health Plan  
 4349 Easton Way, Suite 300  
 Columbus, OH 43219  
 PH: 1.866.549.8289 • Fax: 1.877.861.6722

**Waiver services include:**

- a. Adult day health
- b. Emergency response systems
- c. Home health aide, chore, nursing
- d. Home modifications
- e. Independent living
- f. Non-emergency transportation
- g. Respite
- h. Social work counseling

Waiver services will be authorized by the health plan case manager based on member waiver eligibility.

**5. Is this service listed below on this chart?**

If, yes, then the service requires prior authorization.

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 the service is rendered.

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

## PRIOR AUTHORIZATION REQUIREMENTS • MEDICARE - MEDICAID

**Ambulance**

- Air: Fixed Wing
- Non-emergent

**Behavioral Health Services**

- Inpatient Psychiatric Admissions
- Outpatient Therapy
- SUD Partial Hospitalization
- Psychological Testing
- Neuropsychological Testing
- Electroconvulsive Therapy (ECT)
- Substance Abuse Treatment
- ACT/IHBT
- SUD Residential Treatment

**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: <https://www.buckeyehealthplan.com/providers/preauth-check/mycare-ohio-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 Health Aide
- Speech Therapy
- Home IV Infusion
- Skilled Nursing Visits
- Occupational Therapy
- Social Work Visit
- Physical Therapy

**Hospice**

**Infertility** Includes the following:

- Drug Therapy
- Testing
- Treatment

**Observation Stay**

Observation stay greater than 24 hours

**Orthotics / Prosthetics**

Outpatient therapy performed at free standing facility or outpatient hospital\*

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

**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** 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.

## MEDICARE - MEDICAID

### 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 for primary coverage
- Bill using the member's 11-digit ID number
- 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.
- 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: 1.866.296.8731  
Fax: 1.877.861.6722

### Provider Services

PH: 1.866.296.8731  
Fax: 1.844.866.7712

### Member Services

PH: 1.866.549.8289

### TTY Line

1.800.750.0750

### 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 68068

### Paper Claims Submission

Buckeye Health Plan  
PO Box 6200  
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.buckeyehealthplan.com](http://www.buckeyehealthplan.com)  
Click Provider Home/Resources/Electronic  
Transactions (EDI).

### Adjustments and Appeals Regarding Claim Payment

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

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

**buckeye health plan.** **MyCareOhio**  
Connecting Medicare + Medicaid

**Buckeye Health Plan - MyCare Ohio**

**Member Name:** Jason Doe  
**Member ID:** (Amisys MC Member #)  
**Health Plan:** Buckeye Community Health Plan - MyCare Ohio  
**MMIS Number:** <Medicaid Recipient ID#>

**PCP Name:** <PCP Name>  
**PCP Phone:** <PCP Phone>

**Plan Contract:** H0022 001

**MedicareRx**  
Prescription Drug Coverage

**RxBin:** <RxBin #>  
**RxPCN:** <RxPCN#>  
**RxBin:** 012353  
**RxPCN:** 06241400  
**RxID:** <MC Amisys#-01>

Buckeye MyCare Dual Benefits Member ID Card

**buckeye health plan.** **MyCareOhio**  
Connecting Medicare + Medicaid

**Buckeye Health Plan - MyCare Ohio**

**Member Name:** <Cardholder Name>  
**Health Plan:** <Card Issuer Identifier>

**MMIS Number:** <Medicaid Recipient ID#2>

**PCP Name:** <PCP Name>  
**PCP Phone:** <PCP Phone>

**RX CLAIMS PROCESSOR:**  
**CVS CAREMARK®**  
**RXBIN:** 004336  
**RXPCN:** MCAIDOH  
**RXGRP:** RX5495

BHP-MMP-112017

Buckeye MyCare Medicaid Only Member ID