

## PRIOR AUTHORIZATION REQUIREMENTS • MEDICAID

### Abortions, Sterilizations and Hysterectomies

Sterilizations do not require prior authorization.  
Prior authorization is required for abortions and hysterectomies.

ODJFS mandated consents for all of the procedures above must be submitted with the claim.

Failure to submit a valid, signed consent will result in denial of claim payment.

### Behavioral Health Services

Inpatient Psychiatric Admissions  
Outpatient Therapy  
SUD Partial Hospitalization \*effective 7/1/18 with BH Carve-In  
Psychological Testing  
Neuropsychological Testing  
Electroconvulsive Therapy (ECT)  
ACT/IHBT Services \*effective 7/1/18 with BH Carve-In  
SUD Residential \*effective 7/1/18 with BH Carve-In

### Cardiac Imaging

Nuclear Cardiology/MPI, Stress Echocardiography, Echocardiography

### DME, Orthotics and Prosthetics

Durable medical equipment (rental or purchase) over \$500\*  
Prosthetics and orthotics over \$500\* Please check the prescreening tool on the provider website to determine if prior authorization is required.

*\*Threshold based upon reimbursement in current Ohio Medicaid Fee Schedule*

### Experimental or Investigative Services

Any experimental or investigative procedure, service or drug protocol

### Genetic Testing

### Home Health Care Services

Home nursing visits	Physical therapy
Home health aid	Respiratory Therapy
Infusion therapy	Speech Therapy
Occupational therapy	Social worker

Includes supplies for home health care.

### Implantable devices

Including but not limited to:

- Cochlear implant
- Vagus nerve stimulator

### Inpatient Facility Admissions

Elective or Scheduled:	■ Skilled Nursing Facility
■ Acute Inpatient Hospital	■ Hospice
■ Inpatient Rehabilitation Hospital	
■ Long Term Acute Care Hospital (LTAC)	

### Non Participating Providers

Prior authorization is required for services provided by any non participating provider

### Outpatient Services / Cardiac Rehabilitation

PARTICIPATING PROVIDERS ONLY – no prior authorization is required if provided in an outpatient setting (location 22 only). Transplant evaluation services No PA for trigger point injections 20552 and 20553

Accupuncture without electrical stimulation  
Pain management services  
Hearing aids  
Treatment of spider/varicose veins  
Diagnostic tests  
■ CT, MRI, MRA and PET scans ■ 3D Mammography

### Physical, Occupational, and Speech Therapy

PT/OT/ST – The first 30 visits for each discipline will not require prior authorization for participating providers only in an outpatient setting, excluding home health care services. Starting with the 31st visit/reevaluation, an authorization will be required. (The visit limitations are based on calendar year January – December.)

### Pharmacy

Injectable medications over \$250  
See the Preferred Drug List for complete details

**Pregnancy Notification • Fax: 1-866 681-5125 Submit notification of expectant mothers within 7 days of the first prenatal visit**

### Quantitative Drug Testing for Drugs of Abuse

**Specialist Referrals** Plastic/Reconstructive Surgeon (Specialty 24) – Participating provider’s only—no prior authorization is required for Evaluation and Management codes in an office, outpatient or inpatient setting. **ALL SURGICAL PROCEDURES WILL REQUIRE PRIOR AUTHORIZATION** regardless of location.  
Oral surgeon

### Surgeries

Bariatric	Cosmetic/Plastic
Mammoplasty	Abortion
Hysterectomy	Septoplasty/Rhinoplasty
Otoplasty	Blepharoplasty
Scar Revision	Dental/Oral
Tonsillectomy & Adenoidectomy, under age of 12.	

### Musculoskeletal Cases –TurningPoint

### Transportation

Scheduled Air ambulance – fixed wing  
No PA for stretcher transportation

## 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 Medicaid guidelines.
- Bill using the member’s MMIS number

## Important Phone Numbers/Addresses

### Provider Services

Buckeye Health Plan  
4349 Easton Way, Suite 300  
Columbus, OH 43219  
PH: 1.866.296.8731  
Fax: 1.866.786-0482

### Member Services

PH: 1.866.246.4358 (Medicaid)

### Central/SE Region - Central Area (Columbus)

#### Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.786.1039

### NE Region - EC Area (Akron)

#### Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.709.1109

### NE Region - NE Area (Cleveland)

#### Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.535.4081

### W Region - SW Area (Cincinnati/Dayton)

Concurrent review  
PH: 1.866.246.4359  
Fax: 1.866.535.2895

### W Region - NW Area (Toledo)

#### Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.753.7547

### Care Management

PH: 1.866.246.4359  
Fax: 866-528-9920

### Pharmacy

Envolve Pharmacy Solutions  
2425 W. Shaw Ave.  
Fresno, CA 93711  
PH: 1.800.460.8988

### Prior Authorizations for all regions:

All PA requests phone: 1-866-246-4359  
SN/Rehab/LTAC requests  
Fax: 1.866.529.0291

Home Health Care and Hospice requests  
Fax: 1.855.339.5145

DME/Quantitative  
Drug and Genetic testing requests  
Fax: 1.866.535.4083

All other PA requests  
Fax: 1.866.529.0290

### Acaria

PH: 1.855.535.1815  
Fax: 1.855.217.0926

### NIA

PH: 1.800.642.6551  
[www.RadMD.com](http://www.RadMD.com)

### 24-Hour Nurse Advice Line

PH: 1.866.246.4358  
say "Nurse" when prompted

### Cenpatico Behavioral Health

CBH - Ohio Claims  
PO Box 6150  
Farmington, MO 63640  
Claims PH: 1.877.730.2117  
Care Mgmt PH: 1.800.224.1991  
[www.cenpatico.com](http://www.cenpatico.com)  
Electronic Claims Submission  
Payor ID 68068

### Transportation

PH: 1.866.531.0615

### TTY Line

1.800.750.0750

### Envolve Dental

PH: 1.844.464.5634  
Fax: 1.844.847.9807

### Dental Claims Submission

PO Box 22687, Tampa, FL 33622-2687  
PH: 1.844.464.5634

### Envolve Vision

Provider PH: 1.866.442.6173  
Customer Service PH: 1.800.840.7032

### Vision Claims Submission

Envolve Vision, Attn: Claims, PO Box 7548  
Rocky Mount, NC 27804  
PH: 1.866.442.6173

### Paper Claims Submission

Buckeye Health Plan  
PO Box 6200  
Farmington, MO 63640

### 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).

### Appeals Regarding Claim Payment

Buckeye Health Plan, PO Box 6200  
Farmington, MO 63640-3800

### Appeals Regarding Medical Necessity

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

### 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

*Prior authorization requests for members under age 21 for screening, diagnostic and treatment services that go beyond the coverage and limitations are reviewed for medical necessity as defined in OAC 5160-1-01.*

Please use the following lockbox address for provider payments –  
**The Paysphere lockbox address should no longer be used**

**Remitter Address** - This is the address the customer will provide to their remitters.  
Address listed is for US Mail ONLY. Include Company Name, Address, City, State, & Zip Code  
Buckeye Health Plan Inc.  
75 Remittance Drive Suite 3237  
Chicago IL 60675-3237

If you wish to provide your remitters with the payment address for overnight deliveries via courier use the address below. Please inform your remitters that use of this address for payments mailed via the U.S. Postal Service will result in delays. This address is to be used for overnight deliveries only.

**Overnight Address** - All overnight mail by special couriers should be sent to the actual site address listed below and should reflect Lockbox Services and the Lockbox Number in the reference section of the air bill. Include Company Name, Street Address, City, State, & Zip Code  
**Lockbox Services 3237** (Input Lockbox Number)  
Buckeye Community Plan Inc.  
Suite 3237  
350 N Orleans St Fl 8  
Chicago IL 60654-1529



Envolve Pharmacy Solutions  
Pharmacy Help Desk: 1-844-297-0511  
Effective Date:

Name:  
DOB:  
PCP Name:  
PCP Phone #:

MMIS:  
RX BIN: 004336  
RX PCN: MCAIDOH  
RX Group: RX5434

If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye NurseWise toll-free at 1-866-246-4358 and follow the prompt for 'Nurse' or TTY at 1-800-750-0750. NurseWise is open 24 hours a day.

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