

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.

Cardiac Imaging

Nuclear Cardiology/MPI
Stress Echocardiography
Echocardiography

DME, Orthotics and Prosthetics

Durable medical equipment (rental or purchase) over \$500*
Prosthetics and orthotics over \$250*
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
- Excludes revenue codes 275 and 276

Inpatient Facility Admissions

Elective or Scheduled:

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

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

· Sleep study

· 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.) Effective 1/1/2016.

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.

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-9 codes following Medicaid guidelines
- Bill using the member's MMIS number

Important Phone Numbers/Addresses

Provider Services

Buckeye Health Plan
4349 Easton Way, Suite 400
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

US Script
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/Sleep Study/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

NurseWise®

24-Hour Nurse Line
PH: 1.866.246.4358 Option #7

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
Electronic Claims Submission
Payor ID 68068

Transportation

PH: 1.866.531.0615

TTY Line

1.800.750.0750

Dentaquest

PH: 1.855.398.8411
Fax: 1.262.834.3580

Dental Claims Submission

12121 N. Corporate Parkway
Mequon, WI 53092
PH: 1.800.341.8478

OptiCare

Provider PH: 1.866.442.6173
Customer Service PH: 1.866.442.6169

Vision Claims Submission

OptiCare Managed 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
Payor ID 68069
Visit www.buckeyehealthplan.com.
Click Provider Home/Resources/
Electronic Transactions (EDI).

Appeals Regarding Claim Payment

Buckeye Health Plan
PO Box 3000
Farmington, MO 63640

Appeals Regarding Medical Necessity

Buckeye Health Plan
Appeals/Grievance Department
4349 Easton Way, Suite 400

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:	MMIS:
DOB:	RX BIN: 004336
PCP Name:	RX PCN: MCAIDOH
PCP Phone #:	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.