

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/attestations for all of the procedures above must be submitted with the claim.

Failure to submit a valid, signed consents/attestations will result in denial of claim payment.

Behavioral Health Services

- Inpatient Psychiatric Admissions
- SUD Partial Hospitalization/Residential
- Psychological Testing
- Electroconvulsive Therapy (ECT)
- ACT/IHBT Services

Cardiac Imaging

- Nuclear Cardiology/MPI, Stress Echocardiography, Echocardiography
- Visit www.RadMD.com.

Cardiac Procedures visit www.myturningpoint-healthcare.com

Diagnostic Test

- NIA via www.RadMD.com.
- 3D Mammography, CT, MRA, MRI, PET scans

DME, Orthotics and Prosthetics

- Durable medical equipment (rental or purchase)
- Prosthetics and orthotics
- Please check the Pre-Auth code checker on the provider website to determine if Pre-Auth is required.

Experimental or Investigative Services

Any experimental or investigative procedure, service or drug protocol

Genetic Testing

Home Health Care Services

- All services provided in the home require PA

Hospice in Any Setting

- All services provided in the home require PA

Implantable devices – See Pre-Auth code checker at:

www.buckeyehealthplan.com/providers/preauth-check/medicaid-pre-auth.html

Inpatient Facility Admissions

- Facility to Facility Transfers including all post-acute admissions
- Elective or scheduled, prior to admission
- Urgent/Emergent admissions require notification and clinical information within 48 hours of admission

Non Participating Providers

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

Oncology Medications

- New Century Health via www.my.newcenturyhealth.com.
- Provider Phone: 1-888-999-7713, Option 1. Monday-Friday (8am-8pm)

Outpatient Services / Cardiac Rehabilitation

PARTICIPATING PROVIDERS ONLY – no prior authorization is required if provided in an outpatient setting (location 22 only).

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. (The visit limitations are based on calendar year.)

Pharmacy

- Injectable medications
- See Pre-Auth code checker at: www.buckeyehealthplan.com/providers/preauth-check/medicaid-pre-auth.html

See the Preferred Drug List for complete details

- Buy and Bill Requests, Fax: 1-866-704-3066

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

Psychological, Neuropsychological and Developmental Testing

- Up to 20 hours per patient per calendar year for the combined above testing
- Prior Authorization is required should additional testing be necessary in calendar year

Quantitative Drug Testing for Drugs of Abuse

Surgeries

- All elective surgical procedures will require prior authorization regardless of location
- See Pre-Auth code checker at: www.buckeyehealthplan.com/providers/preauth-check/medicaid-pre-auth.html

Musculoskeletal Cases –TurningPoint

Visit www.myturningpoint-healthcare.com

Transplants

Transplant Evaluation Services

Transportation


- Scheduled Air ambulance – fixed wing
- No PA for stretcher transportation

Important Phone Numbers/Addresses

<p>Provider Services Buckeye Health Plan 4349 Easton Way, Suite 300 Columbus, OH 43219 PH: 1.866.296.8731 Fax: 1.866.786-0482</p> <p>For Peer to Peer discussions with a Buckeye physician call 866-246-4356 ext. 24084, or send a secure email to: Buckeye_Peer_to_Peer_Notification@centene.com</p> <p>Member Services PH: 1.866.246.4358 (Medicaid)</p> <p>Concurrent Review Fax: 1.866.786.1039 Fax: 1.866.709.1109 Fax: 1.866.535.4081 Fax: 1.866.535.2895 Fax: 1.866.753.7547</p> <p>Care Management PH: 1.866.246.4359 Fax: 866-528-9920</p> <p>Pharmacy Envolve Pharmacy Solutions 2425 W. Shaw Ave. Fresno, CA 93711 PH: 1.800.460.8988</p> <p>Prior Authorizations for all regions: All PA requests phone: 1-866-246-4359 SN/Rehab/LTAC requests Fax: 1.866.529.0291 Fax: 1.866.535.4083 Fax: 1.866.529.0290</p> <p>Home Health Care and Hospice requests Fax: 1.855.339.5145</p>	<p>Acaria (Biopharmacy) PH: 1.855.535.1815 Fax: 1.855.217.0926</p> <p>NIA PH: 1.800.642.6551 www.RadMD.com</p> <p>24-Hour Nurse Advice Line PH: 1.866.246.4358 say "Nurse" when prompted</p> <p>Transportation PH: 1.866.531.0615</p> <p>TTY Line 1.800.750.0750</p> <p>Envolv Dental PH: 1.844.464.5634 Fax: 1.844.847.9807</p> <p>Dental Claims Submission PO Box 22687, Tampa, FL 33622-2687 PH: 1.844.464.5634</p> <p>Envolv Vision Provider PH: 1.866.442.6173 Customer Service PH: 1.800.840.7032</p> <p>Musculoskeletal & Cardiac Procedures Orthopedic and Spinal Surgical Procedures Visit TuringPoint Healthcare Solutions Web Portal Intake: www.myturningpoint-healthcare.com Telephonic Intake: 1.844.378-3707 1.614.407.3447</p>	<p>Vision Claims Submission Envolv Vision, Attn: Claims, PO Box 7548 Rocky Mount, NC 27804 PH: 1.866.442.6173</p> <p>Paper Claims Submission Buckeye Health Plan PO Box 6200, Farmington, MO 63640</p> <p>Electronic Claims Submission Medicaid - Ohio Claims Medical 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).</p> <p>Medicaid - Ohio Claims Behavioral Health 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</p> <p>Appeals Regarding Claim Payment Buckeye Health Plan, PO Box 6200 Farmington, MO 63640-3800</p> <p>Appeals Regarding Medical Necessity Buckeye Health Plan Appeals/Grievance Department 4349 Easton Way, Suite 300 Columbus, OH 43219</p>
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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.

<p>Please use the following lockbox address for provider payments – The Paysphere lockbox address should no longer be used</p>
<p>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</p>
<p>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.</p>
<p>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</p>



Envolv Pharmacy Solutions
 Pharmacy help desk number: 1-800-681-5632
 PA fax: 1-877-386-4695 • Effective Date: xx/xx/xxxx

<p>Name: xxxxxxxx DOB: xxxxxxxx PCP Name: xxxxxxxx PCP Phone #: xxx-xxx-xxxx</p>	<p>MMIS#: xxxxxxxxxxxx BIN: 020545 Buckeye PCN: RXA375 RxGroup: RXGMC0H01</p>
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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.

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

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