

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

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

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| 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

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| 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

<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>Member Services PH: 1.866.246.4358 (Medicaid)</p> <p>Central/SE Region - Central Area (Columbus) Concurrent Review PH: 1.866.246.4359 Fax: 1.866.786.1039</p> <p>NE Region - EC Area (Akron) Concurrent Review PH: 1.866.246.4359 Fax: 1.866.709.1109</p> <p>NE Region - NE Area (Cleveland) Concurrent Review PH: 1.866.246.4359 Fax: 1.866.535.4081</p> <p>W Region - SW Area (Cincinnati/Dayton) Concurrent review PH: 1.866.246.4359 Fax: 1.866.535.2895</p> <p>W Region - NW Area (Toledo) Concurrent Review PH: 1.866.246.4359 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</p> <p>Home Health Care and Hospice requests Fax: 1.855.339.5145</p> <p>DME/Quantitative Drug and Genetic testing requests Fax: 1.866.535.4083</p> <p>All other PA requests Fax: 1.866.529.0290</p> <p>Acaria 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>Envolve 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>Envolve Vision Provider PH: 1.866.442.6173 Customer Service PH: 1.800.840.7032</p>	<p>Vision Claims Submission Envolve 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> <p>Musculoskeletal 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>
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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>

