

## 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
- 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

- Home nursing visits
- Home health aid
- Infusion therapy
- Occupational therapy
- Includes supplies for home health care.
- Physical therapy
- Respiratory Therapy
- Speech Therapy
- Social worker

### Implantable devices

Including but not limited to:

- Cochlear implant
- Vagus nerve stimulator

### 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

- Acupuncture 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

### 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

**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.

### Surgeries

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

### 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><b>Provider Services</b> Buckeye Health Plan 4349 Easton Way, Suite 300 Columbus, OH 43219 PH: 1.866.296.8731 Fax: 1.866.786-0482</p> <p><b>Member Services</b> PH: 1.866.246.4358 (Medicaid)</p> <p><b>Central/SE Region - Central Area (Columbus)</b> <b>Concurrent Review</b> PH: 1.866.246.4359 Fax: 1.866.786.1039</p> <p><b>NE Region - EC Area (Akron)</b> <b>Concurrent Review</b> PH: 1.866.246.4359 Fax: 1.866.709.1109</p> <p><b>NE Region - NE Area (Cleveland)</b> <b>Concurrent Review</b> PH: 1.866.246.4359 Fax: 1.866.535.4081</p> <p><b>W Region - SW Area (Cincinnati/Dayton)</b> Concurrent review PH: 1.866.246.4359 Fax: 1.866.535.2895</p> <p><b>W Region - NW Area (Toledo)</b> <b>Concurrent Review</b> PH: 1.866.246.4359 Fax: 1.866.753.7547</p> <p><b>Care Management</b> PH: 1.866.246.4359 Fax: 866-528-9920</p> <p><b>Pharmacy</b> Envolve Pharmacy Solutions 2425 W. Shaw Ave. Fresno, CA 93711 PH: 1.800.460.8988</p>	<p><b>Prior Authorizations for all regions:</b> 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><b>Acaria</b> PH: 1.855.535.1815 Fax: 1.855.217.0926</p> <p><b>NIA</b> PH: 1.800.642.6551 <a href="http://www.RadMD.com">www.RadMD.com</a></p> <p><b>24-Hour Nurse Advice Line</b> PH: 1.866.246.4358 say "Nurse" when prompted</p> <p><b>Transportation</b> PH: 1.866.531.0615</p> <p><b>TTY Line</b> 1.800.750.0750</p> <p><b>Envolve Dental</b> PH: 1.844.464.5634 Fax: 1.844.847.9807</p> <p><b>Dental Claims Submission</b> PO Box 22687, Tampa, FL 33622-2687 PH: 1.844.464.5634</p> <p><b>Envolve Vision</b> Provider PH: 1.866.442.6173 Customer Service PH: 1.800.840.7032</p>	<p><b>Vision Claims Submission</b> Envolve Vision, Attn: Claims, PO Box 7548 Rocky Mount, NC 27804 PH: 1.866.442.6173</p> <p><b>Paper Claims Submission</b> Buckeye Health Plan PO Box 6200, Farmington, MO 63640</p> <p><b>Electronic Claims Submission</b> <b>Medicaid - Ohio Claims Medical</b> Centene EDI Department PH: 1.800.225.2573 ext: 6075525 or via e-mail at: <a href="mailto:EDIBA@centene.com">EDIBA@centene.com</a> Payor ID 68069 Visit <a href="http://www.buckeyehealthplan.com">www.buckeyehealthplan.com</a> Click Provider Home/Resources/ Electronic Transactions (EDI).</p> <p><b>Medicaid - Ohio Claims Behavioral Health</b> PO Box 6150, Farmington, MO 63640 Claims PH: 1.877.730.2117 Care Mgmt PH: 1.800.224.1991 <a href="http://www.cenpatico.com">www.cenpatico.com</a> Electronic Claims Submission Payor ID 68068</p> <p><b>Appeals Regarding Claim Payment</b> Buckeye Health Plan, PO Box 6200 Farmington, MO 63640-3800</p> <p><b>Appeals Regarding Medical Necessity</b> Buckeye Health Plan Appeals/Grievance Department 4349 Easton Way, Suite 300 Columbus, OH 43219</p> <p><b>Musculoskeletal</b> Orthopedic and Spinal Surgical Procedures Visit TuringPoint Healthcare Solutions Web Portal Intake: <a href="http://www.myturningpoint-healthcare.com">www.myturningpoint-healthcare.com</a> 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 – <b>The Paysphere lockbox address should no longer be used</b></p>
<p><b>Remitter Address</b> - This is the address the customer will provide to their remitters. Address listed is for US Mail ONLY. Include Company Name, Address, City, State, &amp; 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><b>Overnight Address</b> - 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, &amp; Zip Code <b>Lockbox Services 3237</b> (Input Lockbox Number) Buckeye Community Plan Inc. Suite 3237 350 N Orleans St Fl 8 Chicago IL 60654-1529</p>



Last Update February 2019

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