## 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.

### Experimental or Investigative Services
Any experimental or investigative procedure, service or drug protocol

### Genetic Testing
- Home nursing visits
- Home health aid
- Infusion therapy
- Occupational therapy
- Includes supplies for home health care.

### 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)

### 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
- Physical therapy
- Respiratory Therapy
- Speech Therapy
- Social worker

### 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.

### Musculoskeletal Cases
- TurningPoint

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

### Medicaid

<table>
<thead>
<tr>
<th>Timeframes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Submission: 365 Days from the date of service</td>
</tr>
<tr>
<td>Requests for appeal or adjustments: 180 Days from the date of the Explanation Of Payment (EOP)</td>
</tr>
</tbody>
</table>

### 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


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.

<table>
<thead>
<tr>
<th>Remitter Address</th>
<th>The Paysphere lockbox address should no longer be used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remitter Address</td>
<td>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</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Overnight Address</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lockbox Services 3237 (input Lockbox Number)</td>
<td>350 N Orleans St Fl 8 Chicago IL 60654-1529</td>
</tr>
</tbody>
</table>