

**1. If your patient has chosen to Opt Out of the Medicare portion of MyCare OH, Buckeye Health Plan is managing the Medicaid benefits and will only reimburse claims for Medicaid services.**

A Prior Authorization for secondary payment from Buckeye is not required for the service(s) covered by their Medicare plan. Please submit the claim(s) to the plan managing the Medicare benefits (Medicare Fee For Service or Medicare Advantage Plan/Medicare Part C).

**2. Are you in Buckeye's network? If no, all out of network services require prior authorization except:**

- Emergency services
- Urgently needed care when services at a network provider are not available
- Out-of-network dialysis

**3. Will the service(s) be performed in an inpatient setting? If yes, the services require prior authorization including:**

- Acute inpatient hospital
- Custodial admissions to nursing homes and skilled nursing facilities
- Inpatient rehabilitation hospital
- Long-term acute care hospital (LTAC)
- Skilled nursing facility

**4. Is the service a waiver service? If yes, the service must be authorized by the care manager based on member waiver eligibility.**

To arrange, call **Care Management: 1.866.549.8289**, Mon. – Fri., 8 am-6 pm.

Medical Management, Buckeye Health Plan  
4349 Easton Way, Suite 300  
Columbus, OH 43219  
PH: 1.866.549.8289 · Fax: 1.888-659-5769

**Waiver services include, but are not limited to:**

- a. Adult day health
- b. Emergency response systems
- c. Personal Care Services
- d. Home modifications
- e. Independent living
- f. Non-emergency transportation
- g. Respite
- h. Social work counseling

Waiver services will be authorized by the health plan case manager based on member waiver eligibility.

**5. Is this service listed below on this chart?**

If, yes, then the service requires prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time the service is rendered.

NON-PAR PROVIDERS & FACILITIES REQUIRE PRIOR AUTHORIZATION FOR ALL SERVICES EXCEPT WHERE INDICATED.

## PRIOR AUTHORIZATION REQUIREMENTS • MEDICARE - MEDICAID

**Ambulance**

- Air: Fixed Wing
- Non-emergent

**Behavioral Health Services**

- Inpatient Psychiatric Admissions
- Electroconvulsive Therapy (ECT)
- Substance Abuse Treatment/Residential Treatment/Partial hospitalization
- ACT/IHBT

**Clinical Trials**

**Cosmetic Procedures**

**Developmental Testing, Neuropsychological, and Psychological**

- 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

**DME** Including but not limited to:

To determine if other DME codes require prior authorization, please refer to: <https://www.buckeyehealthplan.com/providers/preauth-check/mycare-ohio-pre-auth.html>

**Experimental / Investigational Services**

Any item or service potentially considered investigational or experimental must be authorized in advance.

**Genetic Testing**

**Home Health Services**

All services provided in the home require Prior auth

**Hospice, both inpatient and outpatient**

**Infertility** Includes the following:

- Drug Therapy
- Testing
- Treatment

**Inpatient Facility Admissions/Facility to Facility Transfers.**

- Urgent/and Emergent Admissions require notification and clinical information within 48 hours of admit

**Observation Stay**

Observation stay greater than 24 hours  
If transitioning from obs to inpatient will need clinical information

**Orthotics / Prosthetics**

Outpatient therapy performed at free standing facility or outpatient hospital\*

- Occupational Therapy (OT)
- Physical Therapy (PT)
- Speech-Language Therapy (ST)
- Pulmonary Rehab Therapy

**Pain Management**

<https://www.buckeyehealthplan.com/providers/preauth-check/mycare-ohio-pre-auth.html>

- Epidural Injections
- Facet Injections
- Trigger Point Injections

**Part B Drugs**

- Please see Part B Prior Authorization List

**Quantitative Drug testing for Drugs of Abuse**

**Radiology** Visit [www.radmd.com](http://www.radmd.com)

- MRI
- PET
- MRA
- CT

**Surgeries regardless of place of service**

Scheduled or elective surgeries/ procedures require Prior Authorization

**Transplants**

Services must be rendered at a Medicare Approved Facility for liver, pancreas, kidney, kidney/pancreas, heart, heart-lung, and intestinal/ multivisceral transplants.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.

NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL SERVICES EXCEPT WHERE INDICATED.

## MEDICARE - 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 Medicare guidelines for primary coverage
- Bill using the member's 11-digit ID number
- Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.
- If submitting paper claims, only original red forms with computer generated printing in the customizable fields will be accepted.

## Important Phone Numbers/Addresses

### Medical Management

Buckeye Health Plan  
4349 Easton Way, Suite 300  
Columbus, OH 43219  
PH: 1.866.296.8731  
Fax: 1.877.861.6722

### Provider Services

PH: 1.866.296.8731  
Fax: 1.844.866.7712

### Member Services

PH: 1.866.549.8289

### TTY Line

1.800.750.0750

### Pharmacy

Involve Pharmacy Solutions  
2425 W. Shaw Ave.  
Fresno, CA 93711  
PH: 1.866.399.0928 (prescribers)  
Fax: 1.877.941.0480 (prescribers)

### Argus - Claims Processor

Pharmacy Helpdesk: 1.877.935.8021  
(pharmacies)

### Acaria Specialty Medications

PH: 1.855.535.1815  
Fax: 1.855.217.0926

### 24-Hour Nurse Advice Line

PH: 1.866.246.4358, say "Nurse" when prompted

### Paper Claims Submission

Buckeye Health Plan  
PO Box 6200  
Farmington, MO 63640  
ONLY ORIGINAL RED FORMS WILL  
BE ACCEPTED.

### Musculoskeletal and Cardiac Procedures

Orthopedic and Spinal Surgical Procedures  
Visit TurningPoint Healthcare Solutions  
Web Portal Intake:  
[www.myturningpoint-healthcare.com](http://www.myturningpoint-healthcare.com)  
Telephonic Intake:  
1.844.378.3707 | 1-614.407.3447

### Adjustments and Appeals Regarding Claim Payment

Buckeye Health Plan  
Claim Reconsideration Department  
PO Box 4000  
Farmington, MO 63640-3822

Please use the adjustment form found on  
our website. Do not include a copy of the original  
form.

### Electronic Claims Submission

**MyCare - Ohio Claims Medical**  
Centene EDI Department  
PH: 1.800.225.2573 ext: 6075525 or  
via e-mail at: [EDIBA@centene.com](mailto:EDIBA@centene.com)  
Payor ID 68069  
Visit [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com)  
Click Provider Home/Resources/Electronic  
Transactions (EDI).

### MyCare - Ohio Claims Behavioral Health

PO Box 3060  
Farmington, MO 63640-3822  
Claims PH: 1.877.730.2117  
Care Mgmt PH: 1.800.224.1991  
Electronic Claims Submission  
Payor ID 68068

### Appeals Regarding Medical Necessity

Buckeye Health Plan  
Appeals Department  
4349 Easton Way, Suite 300  
Columbus, OH 43219



**buckeye health plan.**  
**MyCareOhio**  
Connecting Medicare + Medicaid

**Buckeye Health Plan - MyCare Ohio**

Member Name: Jason Doe  
Member ID: (Amisys MC Member #)  
Health Plan: Buckeye Community Health Plan - MyCare Ohio  
MMIS Number: <Medicaid Recipient ID#>

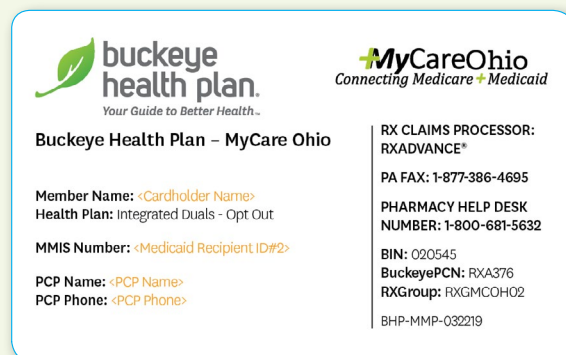
PCP Name: <PCP Name>  
PCP Phone: <PCP Phone>

Plan Contract: H0022 001

**MedicareRx**  
Prescription Drug Coverage

RxBin: <RxBin #>  
RxPCN: <RxPCN#>  
RxBin: 012353  
RxPCN: 06241400  
RxID: <MC Amisys#-01>

Buckeye MyCare Dual Benefits Member ID Card



**buckeye health plan.**  
**MyCareOhio**  
Connecting Medicare + Medicaid

**Buckeye Health Plan - MyCare Ohio**

Member Name: <Cardholder Name>  
Health Plan: Integrated Duals - Opt Out  
MMIS Number: <Medicaid Recipient ID#?>

PCP Name: <PCP Name>  
PCP Phone: <PCP Phone>

RX CLAIMS PROCESSOR:  
RXADVANCE\*

PA FAX: 1-877-386-4695

PHARMACY HELP DESK  
NUMBER: 1-800-681-5632

BIN: 020545  
BuckeyePCN: RXA376  
RXGroup: RXGMC0H02  
BHP-MMP-032219

Buckeye MyCare Medicaid Only Member ID