Prior Authorization Requirements • Medicare - Medicaid

Ambulance
- Air: Fixed Wing
- Non-emergent

Behavioral Health Services
- Inpatient Psychiatric Admissions
- SUD Partial Hospitalization
- Electroconvulsive Therapy (ECT)
- Substance Abuse Treatment
- ACT/IHBT
- SUD Residential Treatment

Clinical Trials

Cosmetic Procedures
- DME Including but not limited to:
  - Custom Wheelchairs
  - Power Wheelchairs
  - BIPAP
  - CPAP
  - Hospital Bed/Mattress
  - Lift Devices including Hoyer
  - Infusion Pumps
  - Oxygen
  - TENS Units
  - Ventilators
  - Wound Vacuum (Negative Pressure) Devices
  - Bone Growth Stimulator
  - Vagus Nerve Stimulator

To determine if other DME codes require prior authorization, please refer to: [https://www.buckeyehealthplan.com/providers/preauth-check/mycare-ohio-pre-auth.html](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
- Home Health Aide
- Home IV Infusion
- Occupational Therapy
- Physical Therapy

Hospice

Infertility includes the following:
- Drug Therapy
- Testing
- Treatment

Observation Stay
Observation stay greater than 24 hours

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
- Epidural Injections
- Facet Injections
- Trigger Point Injections

Part B Drugs
Please see Part B Prior Authorization List

Pychological, 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

Waiver services include:
- Adult day health
- Emergency response systems
- Home health aide, chore, nursing
- Home modifications
- Independent living
- Non-emergency transportation
- Respite
- 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.

Radiology
- MRI
- PET
- MRA
- CT

Surgeries regardless of place of service
- Abortion
- Bariatric Surgery
- Breast Augmentation (except following mastectomy)
- Breast Reduction
- Cochlear Implant
- Excision of Lesion
- Facial Osteotomy
- Hysterectomy
- Mastectomy for Gynecomastia
- Oral Surgery
- Otoplasty
- Reconstructive and Plastic Surgery
- Rhinoplasty
- Sacral Nerve Neuromodulation
- Scar Revision
- Septoplasty
- Spinal surgeries including fusion, stabilization, discectomy
- Uvulopalatopharyngoplasty/
  Uvulopharyngoplasty
- Veins (ablation, ligation, stripping, sclerotherapy

Transplants
Services must be rendered at a Medicare Approved Facility for liver, pancreas, kidney, kidney/pancreas, heart, heart-lung, and intestinal/ multivisceral transplants.
**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
Envolve 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
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
Orthopedic and Spinal Surgical Procedures  
Visit TuringPoint 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: 607525 or  
via e-mail at: 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

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Buckeye MyCare Medicaid Only Member ID

Buckeye MyCare Medicaid and Medicare

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Buckeye MyCare Medicaid Only Member ID Card

Buckeye MyCare Dual Benefits Member ID Card

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