

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: 1.877.861.6722

Waiver services include:

- a. Adult day health
- b. Emergency response systems
- c. Home health aide, chore, nursing
- 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
- 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>

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
- Speech Therapy
- Skilled Nursing Visits
- Social Work Visit

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

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

Radiology Visit www.radmd.com

- MRI
- PET
- MRA
- CT

Surgeries regardless of place of service

- Abortion
- Bariatric Surgery - Services must be rendered at a Medicare Approved Facility
- Blepharoplasty
- Breast Augmentation (except following mastectomy)
- Breast Reduction
- Cochlear Implant
- Excision of Lesion
- Facial Osteotomy
- Hysterectomy
- Mastectomy for Gynecomastia
- Oral Surgery - Temporomandibular Joint 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.

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

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
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
Payor ID 68069
Visit 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 MyCare Dual Benefits Member ID Card



Buckeye MyCare Medicaid Only Member ID