

# Medicaid Quick Reference Guide

## 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.

#### **Cardiac Imaging**

Nuclear Cardiology/MPI  
Stress Echocardiography  
Echocardiography

#### **DME, Orthotics and Prosthetics**

Durable medical equipment (rental or purchase) over \$500\* Prosthetics and orthotics over \$250\*  
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	Physical therapy
Home health aid	Respiratory Therapy
Infusion therapy	Speech Therapy
Occupational therapy	Social worker

Includes supplies for home health care.

#### **Implantable devices**

Including but not limited to:

- Cochlear implant
- Vagus nerve stimulator
- Excludes revenue codes 275 and 276

#### **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

Hearing aids  
Treatment of spider/varicose veins  
Diagnostic tests
 

- CT, MRI, MRA and PET scans
- Sleep study

#### **Pain Management**

Please check the prescreening tool on the provider website to determine if prior authorization is required.

#### **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.) Effective 1/1/2016

#### **Pharmacy**

Injectable medications over \$250  
See the Preferred Drug List for complete details

#### **Pregnancy Notification**

**Fax 866 681-5125**

**Submit notification of expectant mothers within 7 days of the first prenatal visit**

#### **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.**  
Oral surgeon

#### **Surgeries**

Bariatric	Cosmetic/Plastic
Mammoplasty	Abortion
Hysterectomy	Septoplasty/Rhinoplasty
Otoplasty	Blepharoplasty
Scar Revision	Dental/Oral

#### **Transportation**

Scheduled Air ambulance - fixed wing

### 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

### Provider Services

Buckeye Health Plan  
4349 Easton Way, Suite 400  
Columbus, OH 43219  
PH: 1.866.296.8731  
Fax: 1.866.786-0482

### Member Services

PH: 1.866.246.4358 (Medicaid)

### Central/SE Region - Central Area (Columbus) Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.786.1039

### NE Region - EC Area (Akron) Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.709.1109

### NE Region - NE Area (Cleveland) Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.535.4081

### W Region - SW Area (Cincinnati/Dayton) Concurrent review

PH: 1.866.246.4359  
Fax: 1.866.535.2895

### W Region - NW Area (Toledo) Concurrent Review

PH: 1.866.246.4359  
Fax: 1.866.753.7547

### Care Management

PH: 1.866.246.4359  
Fax: 866-528-9920

### Pharmacy

US Script  
2425 W. Shaw Ave.  
Fresno, CA 93711  
PH: 1.800.460.8988

### Prior Authorizations for all regions:

SN/Rehab/LTAC requests  
Fax: 1.866.529.0291  
  
Home Health Care and Hospice requests  
Fax: 1.855.339.5145

DME/Sleep Study/Quantitative  
Drug and Genetic testing requests  
Fax: 1.866.535.4083

All other PA requests  
Fax: 1.866.529.0290

### Acaria

PH: 1.855.535.1815  
Fax: 1.855.217.0926

### NIA

PH: 1.800.642.6551  
www.RadMD.com

### NurseWise®

24-Hour Nurse Line  
PH: 1.866.246.4358 Option #7

### Cenpatico Behavioral Health

CBH - Ohio Claims  
PO Box 6150  
Farmington, MO 63640  
Claims PH: 1.877.730.2117  
Care Mgmt PH: 1.800.224.1991  
www.cenpatico.com  
Electronic Claims Submission  
Payor ID 68068

### Transportation

PH: 1.866.531.0615

### TTY Line

1.800.750.0750

### Dental Health and Wellness

PH: 1.844.464.5634

### Dental Claims Submission

Buckeye Health Plan  
PO Box 1242  
Milwaukee, WI 53201

### OptiCare

Provider PH: 1.866.442.6173  
Customer Service PH: 1.866.442.6169

### Vision Claims Submission

OptiCare Managed Vision  
Attn: Claims  
PO Box 7548  
Rocky Mount, NC 27804  
PH: 1.866.442.6173

### Paper Claims Submission

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

### Electronic Claims Submission

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](http://www.buckeyehealthplan.com).  
Click Provider Home/Resources/  
Electronic Transactions (EDI).

### Appeals Regarding Claim Payment

Buckeye Health Plan  
PO Box 3000  
Farmington, MO 63640  
Please use the adjustment form found on  
our website. Do not include a copy of the  
original claim.

### Appeals Regarding Medical Necessity

Buckeye Health Plan  
Appeals/Grievance Department  
4349 Easton Way, Suite 400  
Columbus, OH 43219

If submitting paper claims, only original  
red forms with computer generated  
printing in the customizable fields will be  
accepted.

*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.*

Please use the following lockbox address for provider payments –

**The Paysphere lockbox address should no longer be used**

**Remitter Address** - This is the address the customer will provide to their remitters.  
Address listed is for US Mail ONLY. Include Company Name, Address, City, State, & Zip Code  
Buckeye Health Plan Inc.  
75 Remittance Drive Suite 3237  
Chicago IL 60675-3237

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.

**Overnight Address** - 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, & Zip Code

**Lockbox Services 3237** (Input Lockbox Number)  
Buckeye Health Plan Inc.  
Suite 3237  
350 N Orleans St Fl 8  
Chicago IL 60654-1529

  
**buckeye  
health plan.**

US Script  
BIN#008019  
Pharmacies call: 1-800-460-8988

**Name:** Effective Date:  
**MMIS#:** DOB:  
**PCP Name:** PCP Phone #:

If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye NurseWise toll-free at 1-866-246-4358 and follow the prompt for 'Nurse' or TTY at 1-800-750-0750. NurseWise is open 24 hours per day.

**Sample Medicaid ID Card**