

PRIOR AUTHORIZATION REQUIREMENTS

MEDICARE

Ambulance

- Air: Fixed Wing
- Non-emergent

Behavioral Health Services

- Inpatient Psychiatric
- Intensive Outpatient Therapy
- Partial Hospitalization
- Psychological Testing
- Neuropsychological Testing
- Electroconvulsive Therapy (ECT)

Cardiac Imaging

- Nuclear Cardiology/MPI
- Stress Echocardiography
- Echocardiography

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: www.buckeyehealthplan.com/providers/pre-auth-needed/

Experimental / Investigational Services

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

Genetic Testing

Home Health Services

- Home IV Infusion

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Skilled Nursing Visits
- Social Work Visit

Infertility

Includes the following:

- Drug Therapy
- Testing
- Treatment

Inpatient Admission:

Elective or Scheduled

- Acute Inpatient Hospital
- Inpatient Rehabilitation Hospital
- Long Term Acute Care Hospital (LTAC)
- Skilled Nursing Facility (SNF)

Orthotics / Prosthetics

Over \$500

Out-of-Network Services

All out-of-network services will require prior authorization except the following:

- Emergent Services
- Urgently needed care when the network is not available
- Out-of-Network Dialysis

Observation Stay

Observation stay greater than 24 hours

Outpatient therapy performed at free standing facility or outpatient hospital*

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

*** \$1,900 Cap for physical therapy (PT) and speech therapy (ST) services combined; \$1,900 Cap for occupational therapy (OT) services. All CAPS are calendar year.**

Pain Management

- 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: For FL, GA, OH, TX

Visit www.radmd.com

- MRI
- PET
- MRA
- CT

Sleep Studies

- Surgery
- Treatment

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.

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

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
- Bill using the member's 11-digit Medicare ID number
- Strongly recommend that all expedited claim requests be called in
- If submitting paper claims, only original red forms with computer generated printing in the customizable fields will be accepted.

Important Phone Numbers/Addresses

Medicare Medical Management Buckeye Health Plan

3700 Embassy Parkway, Suite 200
Akron, OH 44333
PH: 1.866.246.4359
Fax: 1.877.861.6722

Provider Services

PH: 1.866.296.8731
Fax: 1.844.866.7712

Member Services

PH: 1.866.389.7690

Pharmacy

US Script - Prior Auth
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

NurseWise®

24-Hour Nurse Line
PH: 1.866.246.4358 Option #7

Cenpatico Behavioral Health

CBH - Ohio Claims
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 68069

TTY Line

1.800.750.0750

Paper Claims Submission

Advantage by Buckeye Health Plan
PO Box 3060
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
advantage.buckeyehealthplan.com.
Click Provider Home/Resources/
Electronic Transactions (EDI).

Adjustments and Appeals Regarding Claim Payment

Buckeye Health Plan
Medicare 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.

Appeals Regarding Medical Necessity Buckeye Health Plan

Medicare Appeals Department
4349 Easton Way, Suite 400
Columbus, OH 43219



Effective Date:
Name:
Member ID #:
PCP Name:
PCP Phone #:

Part D Plan: US Script
Rx Bin #: 012353
PCN: 06243600
HPID:
Plan Contract #: H0908 001

If you have an emergency, call 911 or go to the **nearest** emergency room (ER). You do not have to call Advantage by Buckeye Community Health Plan for an ok before you get emergency care. If you are unsure if you need to go to the ER, call your PCP or NurseWise® toll-free at 1-866-389-7690 or TTY at 1-800-750-0750 24 hours.

Sample Medicare ID Card