

ADDENDUM

STATE: Ohio	BUSINESS UNIT: Buckeye Health Plan of Ohio
PRODUCT TYPE: Medicaid	P&P NAME: Diaphragmatic/Phrenic Nerve Stimulation
P&P NUMBER: CP.MP.203	REGULATOR MOST RECENT APPROVAL DATE: Draft

BACKGROUND: In compliance with Ohio Medicaid, Buckeye Health Plan must ensure coverage of medically necessary procedures. The plan covers all the services in the amount, duration, and scope that is no less than that covered by FFS Ohio Medicaid and in accordance with 42 CFR 438.210, with limitations, exclusions, and clarifications provided in the Ohio Medicaid Managed Care Provider Agreement and the Ohio Administrative Code.

PROCEDURE:

- Buckeye Health Plan will not impose hard limits or restrictions on coverage of medically necessary services. This includes age, units, services, etc.
- Prior to making a determination regarding coverage of services and procedures, Buckeye Health Plan will conduct a medical necessity review for all requests to include non-covered services and any request for services over an established benefit(s).
- Buckeye Health Plan will ensure members under age 21 have access to services that are available in accordance with federal EPSDT requirements found at 42 U.S.C. 1396d(r). This would include medically necessary services covered by Ohio Medicaid as well as any medically necessary screening, diagnostic and treatment services available to Ohio Medicaid consumers.
- Providers can request prior authorization to exceed coverage or benefit limits for members under age 21.

REFERENCES:

Ohio Administrative Code 5160-26-03 Managed healthcare programs- covered services
 Ohio Administrative Code 5160-26-03-1 Managed health care programs: primary care and utilization management
 Ohio Administrative Code 5160-1-14 EPSDT
 42 U.S.C. 1396d(r)- EPSDT