



**MyCareOhio**  
Connecting Medicare + Medicaid

# MyCare Ohio Quick Reference Guide

Visit us online at [www.bchpohio.com](http://www.bchpohio.com)

## To determine if a service required prior authorization, follow these simple steps:

### 1. 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

### 2. 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

### 3. 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 at 1.866.549.8289, Monday-Friday 8:00am-6:00pm.  
Medical Management  
Buckeye Community Health Plan  
3700 Embassy Parkway, Suite 200  
Akron, OH 44333  
PH: 1.866.549.8289  
Fax: 1.877.861.6722

### 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.

### 4. Is this service listed below on this chart? If yes, then the service requires prior authorization.

## PRIOR AUTHORIZATION REQUIREMENTS

### MEDICARE - MEDICAID

#### Ambulance

- Air: Fixed Wing
- Non-emergent

#### Behavioral Health Services

- Inpatient/Outpatient Psychiatric
- Intensive Outpatient Therapy
- Partial Hospitalization
- Psychological Testing
- Neuropsychological Testing
- Electroconvulsive Therapy (ECT)
- Substance Abuse 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: <http://www.bchpohio.com/for-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 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

#### Radiology: For FL, GA, OH, TX

Visit [www.radmd.com](http://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.

## 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-9 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.

## Important Phone Numbers/Addresses

### Medical Management

Buckeye Community Health Plan  
3700 Embassy Parkway, Suite 200  
Akron, OH 44333  
PH: 1.866.549.8289  
Fax: 1.877.861.6722

### Provider Services

PH: 1.866.296.8731  
Fax: 1.866.786.0482

### Member Services

PH: 1.866.549.8289

### TTY Line

1.800.750.0750

### 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  
Fax: 1.855.217.0926

### 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

### Paper Claims Submission

Advantage by Buckeye  
Community Health Plan  
PO Box 3060  
Farmington, MO 63640

### Electronic Claims Submission

Centene EDI Department  
PH: 1.800.225.2573 ext: 25525  
or via e-mail at:  
EDIBA@centene.com  
Payor ID 68069  
Visit [www.bchpohio.com](http://www.bchpohio.com).  
Click Provider Home/Resources/  
Electronic Transactions (EDI).

### Adjustments and Appeals Regarding Claim Payment

Buckeye Community Health Plan  
Claim Reconsideration  
Department  
PO Box 4000  
Farmington, MO 63640-3822

### Appeals Regarding Medical Necessity

Buckeye Community Health Plan  
Appeals Department  
4349 Easton Way, Suite 200  
Columbus, OH 43219



**Buckeye**  
Community Health Plan.  
Buckeye Community Health Plan - MyCare Ohio




**MyCareOhio**  
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**Member Name:** JANE Q. SAMPLE  
**Member ID #:** C0001234567  
**Health Plan:**  
**MMIS Number:** 211815931  
**PCP Name:** JOHN PHYSICIAN  
**PCP Phone:** (777) 222-0077  
H0022 001




**Rx Bin #:** 012353  
**RxPCN:** 06243801  
**RxDID:** C0003824701

**Buckeye MyCare Dual Benefits Member ID Card**



**Buckeye**  
Community Health Plan.  
Buckeye Community Health Plan - MyCare Ohio



**MyCareOhio**  
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**Member Name:** <Cardholder Name>  
**Health Plan:** <Card Issuer Identifier>  
**MMIS Number:** <Medicaid Recipient ID#2>  
**PCP Name:** <PCP Name>  
**PCP Phone:** <PCP Phone>

**RxBin:** 600428  
**RxPCN:** 0624000  
**RxDID:** <RxDID#3>

**Buckeye MyCare Medicaid Only Member ID Card**