

Medicare Quick Reference Guide

PRIOR AUTHORIZATION REQUIREMENTS

MEDICARE

Experimental or Investigative Services

Any experimental or investigative procedure, service or drug protocol

Non Participating Providers

Prior authorization is required for services provided by a non participating provider

Inpatient Facility Admissions*

All inpatient admissions:

- Acute care hospitals and medical centers
- Rehabilitation
- Skilled nursing
- Hospice

* **within 1 business day**

Outpatient Facility Services

Observation services.

(Includes those that result in admission).

Outpatient surgery or ambulatory surgery services

Physical, occupational and speech therapy.
(Excludes initial evaluation)

Cardiac rehabilitation.
(Excludes initial evaluation)

Pulmonary rehabilitation.
(Excludes initial evaluation)

Pain management services

Diagnostic tests

- CT, MRI, MRA and PET scans
- Sleep Study
- OB Ultrasounds > 2 per pregnancy

Home Health Care Services

Home nursing visits

Home health aid

Infusion therapy

Occupational therapy

Physical therapy

Respiratory Therapy

Speech Therapy

Social worker

Includes supplies for home health care.

DME, Orthotics and Prosthetics*

All durable medical equipment (rental or purchase)

Prosthetic and orthotic devices.

**Excludes those provided in a physician's office and less than \$500 in total billed charges.*

Specialist Referrals

Podiatry

Chiropractic

Transportation

Scheduled air ambulance

Non-emergency ambulance transport (i.e. transfer from home to physician office when patient is unable to go by other means)

Pharmacy



Injectable medications over \$250

See the Formulary for complete details

Pregnancy Notification

Fax 866-681-5125

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

		Part D Plan: US Script Rx BIN: 008019 Rx PCN: Rx GRP:
		
Name:	Effective Date:	
Member ID#:	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 Advantage by Buckeye Community Health Plan 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 NurseWise toll-free at 1-866-389-7690, option 7, or TTY at 1-800-750-0750. NurseWise is open 24 hours per day.		
CMS H0908		

Sample Medicare Advantage ID Card

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
- Bill using the member's 11-digit Medicare ID number

Important Phone Numbers/Addresses

Provider Services

Buckeye Community Health Plan
175 South Third Street
Columbus, OH 43215
PH: 1.866.296.8731
Fax: 1.866.786.0482

Member Services

PH: 1.866.389.7690 (Medicare)

NE Region Prior Authorization/Concurrent review

Inpatient review
PH: 1.866.246.4359
Fax: 1.866.535.4081
Prior authorization
PH: 1.866.246.4359
Fax: 1.877.861.6722

SW Region Prior Authorization/Concurrent review

Inpatient review
PH: 1.866.246.4359
Fax: 1.866.535.2895
Prior authorization
PH: 1.866.246.4359
Fax: 1.877.861.6722
Medical Management Fax:
1.866.528.9920

EC Region Prior Authorization/Concurrent Review

PH: 1.866.246.4359
Prior authorization
Fax: 1.877.861.6722
Concurrent review
Fax: 1.866.709.1109

NW Region Prior Authorization/Concurrent Review

PH: 1.866.246.4359
Prior authorization
Fax: 1.877.861.6722
Concurrent review
Fax: 1.866.753.7547

Case Management

PH: 1.866.246.4359

Pharmacy

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

Caremark

PH: 1.800.237.2767
Fax: 1.800.323.2445

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

TTY Line

1.800.750.0750

Paper Claims Submission

Advantage by Buckeye Community Health Plan
PO Box 3060
Farmington, MO 63640-3822

Electronic Claims Submission

Centene EDI Department
PH: 1.800.225.2573 ext: 25525
or via e-mail at:
EDIBA@centene.com
Payor ID 68056
Visit www.bchpohio.com.
Click Provider Home/Resources/
Electronic Transactions (EDI).

Adjustments Regarding Claim Payment

Buckeye Community Health Plan
Medicare Claim Reconsideration
Department
PO Box 3060
Farmington, MO 63640-4400

Appeals Regarding Medical Necessity

Buckeye Community Health Plan
Medicare Appeals Department
175 S. 3rd Street, Suite 1200
Columbus, Ohio 43215