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## **Allwell from Buckeye Health Plan Prior Authorization Updates**

Allwell from Buckeye Health Plan requires prior authorization as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Allwell.

Allwell from Buckeye Health Plan is committed to delivering cost effective quality care our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria.

You can find a list of codes and changes effective January 1, 2020 in our Prior Authorization section here: <https://www.buckeyehealthplan.com/providers/resources/prior-authorization.html>. It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization. Please note: procedure codes are always subject to change. It is best to utilize the PreScreen Tool to determine if prior authorization is required. Please see below instructions on how to access the PreScreen Tool.

### **FREQUENTLY ASKED QUESTIONS:**

#### ***How do I determine if a specific treatment requires prior authorization?***

- You may determine which specific codes require prior authorization by visiting our website at <https://www.buckeyehealthplan.com/providers/preauth-check/medicare-pre-auth.html>. Just enter the CPT code and the PreScreen Tool will advise you whether the service requires prior authorization.

#### ***How do I request a prior authorization for these services?***

- You may submit the prior authorization request by utilizing our Secure Web Portal at <https://provider.buckeyehealthplan.com/sso/login>. If your request is approved, you will receive verification through the Secure Web Portal. If you are not currently registered on our Secure Web Portal, you may register through a quick and simple process.
- You may submit the prior authorization request by faxing an authorization to 1-877-961-6722. The fax authorization form can be found on our website at
- <https://www.buckeyehealthplan.com/providers/resources.html>. You may call our Medical Management department at 1-866-246-4359.

#### ***What information will I be required to submit in connection with the prior authorization request?***

- CPT code
- Member information

- Diagnosis Code
- Rendering facility's name and information
- Ordering provider information
- Related/pertinent member clinical information

If you have any questions regarding this information, you may contact Provider Services at 1-866-296-8731 or contact your dedicated Provider Relations Specialist.