buckeye health plan

OUTPATIENT MEDICAID
PRIOR AUTHORIZATION FAX FORM

Transplant 1-833-974-3117
Complete and Fax to:
SN/Rehab/LTAC (all requests)
1-866-529-0291
Home Health Care
and Hospice (all requests)
1-855-339-5145
DME All DME/Sleep Study/Quantitative Drug Tests/Genetic Testing Requests-
1-866-535-4083
Buy & Bill Drugs Fax: 1-844-235-5090
PA requests (all other PA requests)
1-866-529-0290

☐ Request for additional units. Existing Authorization _____ Units _____

☐ Standard Request

☐ Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

X _____ URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID/Medicaid ID *

Last Name, First

Date of Birth * (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI *

Requesting TIN *

Requesting Provider Contact Name

Requesting Provider Name

Phone

Fax

SERVICING PROVIDER / FACILITY INFORMATION

☐ *Same as Requesting Provider*

Servicing NPI *

Servicing TIN *

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

AUTHORIZATION REQUEST

Primary Procedure Code * (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Start Date *OR* Admission Date * (MMDDYYYY)

Diagnosis Code * (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

End Date *OR* Discharge Date (MMDDYYYY)

Total Units/Visits/Days

OUTPATIENT SERVICE TYPE * *(Enter the Service type number in the boxes)*

299 Drug Testing
422 Biopharmacy
205 Genetic Testing & Counseling
249 Home Health
390 Hospice Services
141 Imaging
410 Observation
997 Office Visit/Consult
794 Outpatient Services
202 Pain Management

201 Sleep Study
790 Occupational Therapy
209 Transplant Surgery
993 Transplant Evaluation
724 Transportation

DME
417 Rental
120 Purchase
(Purchase Price)

Behavioral Health
510 Medical Management
530 Partial Hospital Program
512 Community Based Services
513 Crisis Psychotherapy
514 Day Treatment
515 Electroconvulsive Therapy
516 Intensive Outpatient Therapy
518 Mental Health/Chemical Dependency Observation

Behavioral Health
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
522 BH Pychiatric Evaluation

709 Genetic Testing- For Genetic Testing please include GTU:

For High Tech Imaging, please continue to contact NIA

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.