buckeye health plan

OUTPATIENT MEDICAID
PRIOR AUTHORIZATION FAX FORM

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
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)*

422 Biopharmacy
401 Cardiac Pulmonary Rehab

DME (Orthotics and Prosthetics)
711 Rental
700 Purchase $ (Purchase Price)

299 Drug Testing
709 Genetic Testing
249 Home Health
211 OB Ultrasound(s)

790 Occupational Therapy
497 Office Visit/Specialty Consult
927 Outpatient Hospice
794 Outpatient Services
171 Outpatient Surgery

Pain Management
429 Office Visit
170 Other Site

101 Physical Therapy

201 Sleep Study
701 Speech Therapy
724 Transportation

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.