buckeye health plan

WAIVER SERVICES PRIOR AUTHORIZATION REQUEST

Complete and Fax to: (888) 659-5769

MyCareOhio
Connecting Medicare + Medicaid

Clinical information is required to make a determination. Please attach pertinent medical history and/or information.
PLEASE attach the member's service plan if requesting waiver services.

X _____ Physician signature ONLY when required by OAC.

Date (MMDDYY)

***INDICATES REQUIRED FIELD**

MEMBER INFORMATION

Member 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

ICD-9 ☐ ICD-10 ☐

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

Additional Procedure Code (CPT/HCPCS) (Modifier)

Start Date *OR* Admission Date* (MMDDYYYY)

Diagnosis Code* (ICD-9/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)*

Assisted Living Services
480 U1-Tier 1
367 U2-Tier 2
682 U3-Tier 3

Adult Day Care
197 Half Day
482 Full Day

Emergency Response
725 Installation
650 Monthly Rental

Home Care Attendance
811 Nursing
730 Personal Care
645 Choices Home Care Attendant

Meals
500 Home Delivered Meals
615 Alternative Meals

Specialized Medical Equipment/Supplies
901 Home Medical Equipment
801 Supplemental Adaptive & Assistive Devices

Waiver Nursing
800 RN
728 LPN

Waiver Therapy
733 Occupational
152 Physical
311 Speech

328 Chore
682 Community Transition
125 Enhanced Community Living
844 Group Visit
226 Homemaker
822 Home Modifications, Maintainence, & Repair
134 Independent Living Assistance
988 Long Term Care (IP)
336 Nutritional Consultation
609 Out of Home Respite
827 Pest Control
282 Social Work Counseling
724 Transportation

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.