buckeye health plan Advantage

OUTPATIENT MEDICARE AUTHORIZATION FORM

Complete and Fax to: (877) 861-6722

☐ Request for additional units. Existing Authorization ☐☐☐☐☐☐☐☐☐☐☐☐ Units ☐☐☐☐

☐ Standard Request - Determination within 14 days from receipt of all necessary information.

☐ Expedited 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 * ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

DME (Orthotics and Prosthetics)

417 Rental

120 Purchase $ _____ (Purchase Price)

299 Drug Testing

709 Genetic Testing

249 Home Health

729 Neuropsych Testing

410 Observation (only > 48 hrs)

794 Outpatient Services

171 Outpatient Surgery

997 Office Visit/Consult (non par only)

202 Pain Management

420 Pulmonary Rehab

201 Sleep Study

Therapy

790 Occupational

101 Physical

701 Speech

617 Non-Emergent Medical Transportation-Ambulance Only

290 Hyperbaric Oxygen Therapy

Outpatient Services Example:

- **Skin Debridement/Wound Care**

Home Health Examples:

- **Skilled Nursing Visits**
- **Home Health Aid**

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.