

Prior Authorization Guide



Procedures Requiring Prior Authorization

THE FOLLOWING LIST IS NOT ALL-INCLUSIVE. Please visit Ambetter.BuckeyeHealthPlan.com and use the “Pre-Auth Needed?” tool to determine if a service requires prior authorization.

Failure to obtain the required approval or pre-certification may result in a denied claim(s).

All out-of-network (non-par) services require authorization, excluding ER, urgent care, and family planning.

ANCILLARY SERVICES

- Air ambulance transport (*non-emergent fixed wing airplane*)
- DME
- Home health care services including home infusion, skilled nursing and therapy
- Home Health Services
- Private Duty Nursing
- Adult Medical Day Care
- Hospice
- Furnished Medical Supplies and DME
- Orthotics/Prosthetics
- Genetic testing
- Quantitative urine drug screen

OUT-OF-NETWORK PROVIDERS

- All out-of-network providers require prior authorization excluding emergency room services.

PROCEDURES/SERVICES

- Potentially cosmetic
- Bariatric surgery
- Experimental or investigational
- High tech imaging requests: RadMD.com
- High tech imaging administered by NIA, i.e. CT, MRI, PET
- Obstetrical ultrasound — Two (2) allowed in 9 months; prior authorization required for additional u/s except if rendered by a perinatologist
- Pain management

INPATIENT AUTHORIZATION

All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admit including but not limited to:

- Medical Admissions
- Surgical Admissions
- All services performed in out-of-network facilities
- Hospice Care
- Rehabilitation facilities
- Behavioral Health/Substance Use Disorder
- Transplants, not including evaluations
- Observation:
 - Observation stays exceeding 23 hours require Inpatient Authorization/ Concurrent Review
 - Notification is required within 1 business day if admitted
- Urgent/Emergent Admissions
- Within 1 business day following the date of admission
- Newborn Deliveries must include birth outcomes
- Behavioral Health Admissions
- All behavioral health admissions require authorization within 24 hours of admission via a phone call to the utilization management department
- Partial Inpatient, PRTF, and/or Intensive Outpatient Programs

How to Secure Prior Authorization



LOG INTO OUR SECURE WEB PORTAL

<https://provider.buckeyehealthplan.com>



CALL

1-877-687-1189

FAX

MEDICAL

1-888-241-0664

BEHAVIORAL HEALTH

1-855-283-9098

Prior Authorization (PA) may be submitted by fax, phone, or website. After normal business hours and on holidays, calls are directed to the Plan's 24-hour nurse advice line. Notification of authorization will be returned by phone, fax, or web.

QUESTIONS?

Call our
Authorization
department at
1-877-687-1189