

# Idaho Medicaid Chiropractic Prior Authorization Form

Please complete entire form and submit all required documentation to (877) 314-8779

## Medicaid Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Medicaid ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

## Medicaid Provider Information

Provider Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Requested Services

**Prior authorization is only needed for more than six visits in a calendar year.**

CPT Code	Description	Quantity	Start Date	Length of Need

## Required Documentation

- Current plan of care including diagnosis; short, and long term goals with measurable objectives; frequency of treatment, duration of treatment.
- Treatment notes for spinal subluxation from the last 30 days.
- Chiropractic evaluation completed within the last year.
- Any documentation that will support medical necessity.

## Notes

The status of a prior authorization request may be checked online at the [www.idmedicaid.com](http://www.idmedicaid.com) under "Authorization Status", using your NPI, or by contacting Molina at (866) 686-4272.

Fax: (877) 314-8779 Phone: (208) 364-1833

More information is available at <https://medunit.idaho.gov>, Chiropractic and [www.idmedicaid.com](http://www.idmedicaid.com)

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