

Idaho Medicaid Surgery & Procedure Prior Authorization Form
Please complete entire form and submit all required documentation to (877) 314-8779

Date Faxed to Medicaid:

Proposed Date(s) of Service:

Service Request & Medicaid Participant Information

Last Name: _____ First Name: _____ Initial: _____

Medicaid ID Number: _____ Date of Birth: _____

Required Contact Information

Submitter Contact Name: _____

Phone: _____ Email: _____

Medicaid Provider Information

Provider Name: _____

NPI: _____ City: _____

Facility Information

Facility: _____ NPI: _____

Inpatient Outpatient Ambulatory Care Center N/A, In Office Procedure

If a surgery or procedure is to occur in a facility, a separate authorization number is created for the facility and the surgeon based upon the National Provider Identifiers submitted. Do not submit Tax ID Numbers.

Requested Authorization

CPT Codes	Quantity	Description

Required Documentation

Please fax all medical documentation that supports medical necessity. For example, physician notes, consultations, operative reports and/or medical records within the last six months.

Notes

See <http://medunit.dhw.idaho.gov>, Surgery, for information about prior authorization requirements, and whether Qualis or the Medical Care Unit review the surgery/procedure. For questions regarding authorization number, claims, limitations or status, call Molina Customer Service at (866) 686-4272, or see the Molina HealthPAS portal at www.idmedicaid.com.