

# Idaho Medicaid Medical Prior Authorization Form

Fax to: (877) 314-8779

## Authorization Request & Medicaid Participant Information

\*Surgery     ♦ Lab     \*Procedure     Chiropractic     Home Health

Last Name:

First Name:

Initial:

Medicaid ID Number:

Date of Birth:

## Required Contact Information

Submitter Contact Name:

Phone:

Email:

Date Faxed to Medicaid:

Proposed Date(s) of Service:

## Medicaid Provider Information

Provider Name:

NPI:

City:

Phone:

Fax:

**\*For surgery & procedure requests ONLY- Complete section below**

Name of Facility:

NPI:

**♦ For lab requests ONLY- Complete section below**

Name of Billing

Hospital or Lab:

NPI:

## CPT Code(s) Requiring Authorization & Supporting Documentation

**CPT (include quantity or modifier):** \_\_\_\_\_

**Description:** \_\_\_\_\_

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

**Provider Notes:**

For questions regarding authorization number, requirements, limitation or status, call Molina Customer Service at 1 (866) 686-4272 or see the Molina HealthPAS portal at [www.idmedicaid.com](http://www.idmedicaid.com).

See [www.medunit.dhw.idaho.gov](http://www.medunit.dhw.idaho.gov), Surgery-Procedure-Lab for the Medicaid Fee Schedule link or additional information.