## IDAHO MEDICAID VISION Prior Authorization Request Form

(See other form for contact lenses)

Return to: Idaho Medicaid Medical Care Unit Fax: (877) 314-8779 Phone: (208)364-1904 Mail: PO Box 83720, Boise, ID 83720-0036

Please complete entire form and submit all required documentation.

Medicaid Provider Information – please ensure that NPI matches provider name to avoid delays								
Provider I	Name:				NPI:			
Contact Person:			Phone:		Fax:			
Medicaid Participant Information								
Last Name:			First Name:		Date of Birth:			
Medicaid ID:			Date of Service:					
Provider must indicate CPT or HCPCS Codes								
Right Lens Code:		Description:						
Left Lens Code:		Description:						
For parti	cipants under ag	<b>e 21 -</b> Has th	21 - Has there been a .50 diopter vision change?				Yes□ No □	
Frame Code:		Description:						
		Participants under age 21, please indicate the reason for new frame request:						
		Broken ☐ Lost ☐ Outgrown ☐ Needs Specialty frame ☐						
Exam Code:		PA needed if less than 365 days since last exam. Under age 21, write reason in notes below. Age 21 and over requires a letter of medical necessity.						
Other:		Description:						
Participants age of 21 and older – ICD-9 diagnosis code must be submitted with a description								
ICD-9 Code:		Medical Diagnosis:						
A letter of medical necessity documenting participants' chronic disease and ICD-9 code is required.								
Prescription (Rx) information is required for eyeglass lens requests								
Rx Requested								
Date of Rx:		Spherica	I Cylindrical	Axis	Pr	ism	Base	
D.V.	O.D.							
	0.S.							
N.V.	O.D. O.S.							
Previous Rx								
Date of Rx:		Spherica	I Cylindrical	Axis	Pr	ism	Base	
D.V.	O.D.							
N.V.	O.S. O.D.							
	0.S.							
Notes supporting your request – please be specific:								

For more information, visit www.medunit.dhw.idaho.gov and click on vision

To check authorization status or to access the Medicaid Eye and Vision Services Provider Handbook, see <a href="https://www.idmedicaid.com">www.idmedicaid.com</a>.