

Idaho Medicaid Surgery & Procedure

Prior Authorization Form

Please complete entire form and submit all required documentation to:

(877) 314-8779

Service Request & Medicaid Participant Information

Last Name:	First Name:	Initial:
Medicaid ID:	Phone:	Date of Birth:

Physician Information

Physician Name:	NPI:
Submitter Contact Name:	Email:
Phone:	Fax:

Facility Information

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 (NPI) submitted. If the surgery or procedure is to occur in the provider's office do not fill in the facility name and only mark the "N/A, In Physician's office procedure" box. Do **NOT** submit Tax ID Numbers.

Facility Name:	NPI:	Phone:	
<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Ambulatory Care Center	<input type="checkbox"/> N/A, In Physician's Office Procedure

Requested Authorization

CPT Codes & Modifier if Applicable	Quantity	Description	Date of Service

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

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The status of a prior authorization request may be checked online at the www.idmedicaid.com under "Authorization Status", using your NPI, or by contacting DXC at (866) 686-4272. For information about prior authorization requirements go to: www.MedUnit.DHW.Idaho.gov