

# Idaho Medicaid Vision Prior Authorization Form For Early Exam of Participants Under 21

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

## Medicaid Participant Information

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

## Medicaid Provider Information

Provider Name:	NPI:
Contact:	Email:
Phone:	Fax:

## Instructions

IDAPA Rule covers one eye exam during any 12-month period to determine the need for glasses, or contacts, to correct a refractive error without a prior authorization. If an exam with refraction is needed less than 365 days from the previous exam, prior authorization is required and the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit may allow approval.

## Exam Requested

Date of Early Exam Being Requested:		
Date of Last Exam within Past 356 Days:		
New Patient:	<input type="checkbox"/> 92002-EP	<input type="checkbox"/> 92004-EP
Established Patient:	<input type="checkbox"/> 92012-EP	<input type="checkbox"/> 92014-EP

## Reason for Early Exam

<input type="checkbox"/> Significant vision change of more than .5 diopter in at least one eye.
<input type="checkbox"/> Visual change symptoms such as headache, blurred vision, unable to see through current glasses or contacts.
<input type="checkbox"/> Failed school vision screening.
<input type="checkbox"/> Current glasses, or contacts, are damaged beyond use, or lost, and participant is unable to be without glasses or contacts.

## Notes

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Approval under EPSDT will be noted in the decision notes. Please, remember that if approved under EPSDT billing must submit claim with the EP modifier.

For more information, visit [www.MedUnit.DHW.Idaho.gov](http://www.MedUnit.DHW.Idaho.gov) and click on Vision.

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 DXC at (866) 686-4272.