

High Tech Radiology Prior Authorizations

Providers who do not currently have the ability to access and use a web portal will need to submit their requests manually.

Complete the fields below and return this page to Medical Services, by fax to 515-725-1356 or email to paservices@dhs.state.ia.us.

Identify below which qualification you **cannot** meet and complete all of the provider identification information:

1. High-speed internet connection such as a business internet cable subscription, business DSL, or other business class network connection.
2. Screen resolution of 1024 x 768 pixels.

Provider Name: _____ at address _____ with Tax ID _____ .

Provider NPI #: _____

Provider Signature: _____ Date: _____

If you, as the ordering provider do not have both of the above qualifications, you will need to submit the prior authorization requests manually to Iowa Medicaid Medical Services, via faxed documentation to 515-725-1356 or telephonically to 1-888-424-2070 or locally at 515-256-4624.

If submitting by fax, use prior authorization form 470-0829 that may be obtained by accessing <http://www.ime.state.ia.us/Providers/Forms.html>.