



Iowa Department of Human Resources

Request for Prior Authorization

Please complete electronically, accuracy is important

FAX completed form to:
Medical – (515) 725-1356
Dental – (515) 725-0938

1. Patient Name (Last)		(First)	M.I.	2. Patient Medicaid Identification No.		3. DOB - M/D/YY		4. Provider Taxonomy No.	
5. Dispensing Provider Name				6. Dates Covered by Request					
				From			To		
7. Provider Phone	8. Provider Fax	9. Provider NPI		Mo.	Day	Year	Mo	Day	Year
10. Service Location: Street Address						12. Prior Authorization No. (To be assigned by IME) Enter this number in the appropriate box when submitting the claim form for the services authorized.			
Service Location: City, State Zip									
13. Reasons for Request (Provide specific information and use additional sheet if necessary)									

Services to be Authorized

14 Line No.	15. Procedure Supply, Drug to Be Provided or NDC is applicable	16. Code, HCPCS, CPT or CDT	17. Units of Service	18. Authorized Units (leave blank)	19. Amount Requested	20. Authorized Amount (leave blank)	21. Status (leave blank)
01							
02							
03							
04							
05							
06							

22. Important Note: In evaluating requests for prior authorization the need for treatment will be considered from the standpoint of medical necessity only. An approval of this request does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish eligibility prior to service by calling the ELVS line at 1-800-338-7752 (locally at 515-323-9639) or by accessing the Web Portal. Contact Provider Services at 800-338-7909 or (locally) 256-4609 for assistance in accessing the Web Portal.

23. Requesting Provider Signature of Authorized Representative	Date
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Prior Authorization Reviewer Use Only

24. Medicaid Services are hereby Approved Denied for the member under Title XIX. This authorization applies only to the eligible person above for the service(s) specifically approved above.

25. Comments or Reasons for Denial of Services

Provider information, procedure, supply or drug codes authorized on this request must be the same codes entered on the claim form.

Signature Iowa Medicaid Enterprise	Date
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