

Montana Medicaid

Medical-Surgical Prior Authorization Request

This form is to be used for all providers in a single case. To facilitate prompt and accurate processing, the information below must be complete and all supporting clinical documentation related to this request must be submitted with this form.

Today's Date

Section A. Member Information			
Last Name First Name MI	Medicaid ID	Date of Birth	
Service Type - Check all that apply.		Provider Type - Mark all applicable provider types	
<input type="checkbox"/> Inpatient	<input type="checkbox"/> In State	<input type="checkbox"/> Performing or Rendering Provider	
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Out of State	<input type="checkbox"/> Hospital	
		<input type="checkbox"/> Ambulatory Surgical Center	
Section B. Rendering Provider Information- Fill this section out for <u>ALL</u> performing providers including assistant surgeons, if needed. If additional space is needed, please use Additional Information field below.			
Provider Name	Procedure Code and Modifier, if applicable	Provider Name	Procedure Code and Modifier, if applicable
	Procedure Code and Modifier, if applicable		Procedure Code and Modifier, if applicable
Provider NPI (NOT TIN)	Procedure Code and Modifier, if applicable	Provider NPI (NOT TIN)	Procedure Code and Modifier, if applicable
	Procedure Code and Modifier, if applicable		Procedure Code and Modifier, if applicable
Date of Visit or Procedure		Or, if unknown, check here. <input type="checkbox"/>	
Section C. Facility Information – Fill this information on the facility where the services will be provided (Only complete if you know what codes the <u>facility</u> will be billing for)			
Facility Name and Fax Number	Procedure Code and Modifier, if applicable		
	Procedure Code and Modifier, if applicable		
Facility NPI (NOT TIN)	Procedure Code and Modifier, if applicable		
	Procedure Code and Modifier, if applicable		
Prior Authorization Submitter Contact Information			
Contact Name	Telephone	Fax	
Additional Information			