

Mountain-Pacific Quality Health
 406.457.5887 (Local)
 1.877.443.4021 (Toll-free)

406.513.1922 (Local Fax)
 1.877.443.2580 (Long-Distance Fax)



Montana Medicaid Medical-Surgical Prior Authorization Request

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 _____

Member Information				
Last Name	First Name	MI	Medicaid ID	Date of Birth
Service Type Check all that apply.			Provider Type Check only one.	
<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				
Procedure Code and Modifier, if applicable				
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"/>	
Rendering Provider Information				
Provider Name		Provider NPI		
Facility Information				
Provider Name		Provider NPI		
Prior Authorization Submitter Contact Information				
Contact Name		Telephone		Fax
Additional Information				

