Mountain Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
(406) 457-3060 (Local)
(877) 443-4021 (Toll-free)
(406) 513-1923 (Local Fax)
(877) 443-2580 (Long Distance Fax)

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		
Last Name First Name MI	**Medicaid ID**	**Date of Birth**

Service Type - Check all that apply.		**Provider Type - Mark all applicable provider types**
Inpatient	In State	Performing or Rendering Provider
Outpatient	Out of State	Hospital
		Ambulatory Surgical Center

Section B. Rendering Provider Information- Fill this section out for ALL 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.**	**Diagnosis**	

Section C. Facility Information – Fill this information on the facility where the services will be provided (Only complete if you know what codes the facility 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