

{Current Date}

{Prov Name}  
{Address Line 1}{Address Line 2}  
{City}, {State} {Zip}

PA Number:{MED PA Number}

Re: {Member Name}  
DOB: {DOB Month Day}                      SID: {State ID Last 4}

Dear: {Prov Name}

In order to correctly process the attached request for prior authorization of a bariatric procedure, additional information is required. The following checked items indicate information required:

- Member Iowa Medicaid number
- Member date of birth
- Provider Number
- CPT – Procedure code
- Current Version of ICD - Diagnosis code
- Current height, weight, and/or BMI
- Documentation of medical necessity
- Documentation of six months of a medically supervised diet
- Current psychiatric or psychological evaluation
- Additional documentation is needed:

Please attach the above checked items to this letter and return to the Department of Human Services, Iowa Medicaid Enterprise, Quality Improvement Organization Services Pre-procedure Review, PO Box 36478, Des Moines, IA 50315, or fax to 515-725-1356 within 10 calendar days.

Thank you for your prompt response. If you have any questions regarding this request, you may call QIO Services Pre-procedure Review locally at 256-4623 or 800-383-1173.

Iowa Medicaid Enterprise  
Quality Improvement Organization  
Pre-procedure Review