Department of HUMAN SERVICES

Notice of Decision for Prior Authorization Request

Date:

PROVIDER NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

Member Name:
Medicaid ID#:
Date of Birth:

Status: **Approved**

Prior Authorization #:

Dates Covered by Request: to

Approved Service(s):

Procedure, Supply, or Drug to be provided	Code, HCPCS, or CPT	Authorized Units

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.

Additional comments

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

Sincerely,
QIO Medical Services Unit