IDAHO MEDICAID VISION
Prior Authorization Request Form
For Glasses or Early Exam

Return to: Idaho Medicaid Medical Care Unit
Mail: PO Box 83720 Boise, ID 83720-0036
Fax: (877) 314-8779

Medicaid Participant Information

Last Name:	First Name:	Initial:
Medicaid ID:	Date of Birth:	Date of Service:

Medicaid Provider Information – Please, ensure that NPI matches provider name to avoid delays

Provider Name:		NPI:
Contact Person:	E-mail:	Phone:

Provider must use separate form for exam and glasses. For lenses, please, provide correct HCPCS code.

Date of Last Exam: **Early Exam Code:** ☐ 92014 Established Patient ☐ 92004 New Patient

Right Lens: ☐ **V2784 Polycarbonate; or Code Requiring PA:**

Right Lens Prescription HCPCS:

Left Lens: ☐ **V2784 Polycarbonate; or Code Requiring PA:**

Left Lens Prescription HCPCS:

Reason for Lens Request: ☐ .50 Diopter Change ☐ Damaged ☐ Lost ☐ Outgrown

Frame Code: ☐ V2020 Regular ☐ V2025 Specialty ☐ Using Own Frame

V2025 Notes: What is the medical diagnosis creating a need for V2025?
For participants under 2, which V2020 did not fit?

Reason for Frame Request: ☐ New Lenses ☐ Damaged ☐ Lost ☐ Outgrown

Additional Notes/Requests:

Prescription (*Rx*) information is required for eyeglass lens requests

Rx Requested

Date of Rx:		Spherical	Cylindrical	Axis	Prism	Base
D.V.	O.D.					
	O.S.					
N.V.	O.D.					
	O.S.					

Previous Rx

Date of Rx:		Spherical	Cylindrical	Axis	Prism	Base
D.V.	O.D.					
	O.S.					
N.V.	O.D.					
	O.S.					

If the request does not meet state plan criteria it can be reviewed under EPSDT. Approval under EPSDT will be noted in the decision notes. Please, remember that if approved under EPSDT billing must submit claim with the EP modifier.

For more information, visit www.medunit.dhw.idaho.gov and click on Vision.

To check authorization status or to access the Medicaid Eye and Vision Services Provider Handbook, see www.idmedicaid.com.

Rev 12/2015

Clear Form