

MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

Mailing Address: 200 West Broadway
Physical Address: 223 West Alder Street
Missoula, MT 59802-4292

P: 406.258.4876 | F: 406.258.4731
E: benefits@missoulacounty.us



Prior Authorization Request Form

Claims will be processed according to all plan provisions on the date of service including but not limited to eligibility, deductible, out of pocket amounts, discounts, and allowed amounts. Treatment must be medically necessary and not experimental or investigational. Please submit all relevant medical records and treatment plan with this prior authorization request form.

Provider information:

Servicing provider name: _____ Specialty: _____
Tax ID number: _____ NPI: _____
Phone number: _____ Fax number: _____
Contact Person: _____

___ Check here for a peer-to-peer
Peer-to-peer availability:

Date: _____ Time: _____
Date: _____ Time: _____

Member Information:

Patient Name: _____ DOB: _____
Health Insurance ID#: _____

Diagnosis/Planned Procedure Information

Service Start Date: _____

*Principal Diagnosis Description: _____

ICD-10 Codes: _____ CPT/HCPCS Code: _____

Billed amount for Procedure # 1 _____

of units requested:

___ Hours ___ Days ___ Months ___ Visits ___ Dosage

*Secondary Diagnosis Description: _____

ICD-10 Codes: _____ CPT/HCPCS Code: _____

Billed amount for Procedure # 2 _____

of units requested:

___ Hours ___ Days ___ Months ___ Visits ___ Dosage

Infusions & Injections: All Infusions and injections administered in a medical office or facility must be prior authorized. Some drugs require the treatment to start as an infusion and later become a self-administered drug. These cases are complex and require coordination between the medical plan and the pharmacy benefits plan.

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If the drug is being administered in a medical office or facility and will become a self-administered drug:

1. Submit the prior authorization for the self-administered drug to MedImpact. MedImpact's prior authorization form can be found at <https://www.medimpact.com/Prior-Authorization-Forms>. Their telephone number is 1-800-788-2948.
2. A telephone call to Missoula County Employee Benefits Plan is required. Please call 406-258-4876 and select option 1.

If the drug is ONLY going to be administered in a medical office or facility and NOT going to be self-administered, please complete the top portion of this form and return to Missoula County Employee Benefits Plan.

If the drug is only a self-administered drug and not administered in a medical setting, a prior authorization can be submitted to MedImpact. A call to Missoula County Employee Benefits is not required.

Signature: _____

Date Form Completed and Faxed/emailed: _____

Submit this form along with supporting documentation via email to benefits@missoulacounty.us or via fax at 406-258-4731.