Idaho Medicaid Administratively Necessary Day (AND) Authorization Request

Fax to: (877) 314-8779

Date of Initial Fax: Date of Post Discharge Fax:

Medicaid Participant Information		
Last Name:	First Name:	Initial:
Medicaid ID Number:	Date of Birth:	
Primary Diagnoses:		
Medicaid Provider Information		
Name of Hospital:	NPI:	
Contact Title and Name:		
Phone:	Email:	
Initial Fax: AND Dates Requested *Initial request must be faxed prior to discharge date.		
Hospital Admission Date:	Initial Date(s) Requested:	
Post Discharge Fax: Final Dates Requested		
Hospital Discharge Date:	Final Date(s) Requested:	
Dates of Telligen, Inc. Inpatient Approval or Denial (if Applicable):		
Summary of Reason for AND Request		

Supporting Documents Required	• Brief summary of participant's medical condition i.e. progress notes; history & physical; discharge summary. • Documentation that the hospital has diligently made every effort to locate a facility or organization to deliver appropriate services. For example: a summary from Case Manager or Discharge Planner, daily notes which document the date of contact, facility name, and the reason the participant was not able to be placed in the facility or other care setting.

For questions regarding Administrative Necessary Days, call (866) 205-7403, e-mail MedicalCareUnit@dhw.idaho.gov or visit www.medunit.dhw.idaho.gov.

Clear Form

Rev 10/2016