

# Idaho Medicaid Chiropractic Prior Authorization Form

Please complete entire form and submit with all required documentation to (877) 314-8779

## Medicaid Participant Information

Last Name:	First Name:	Initial:
Medicaid ID:	Phone:	DOB:
Diagnosis:		

## Medicaid Provider Information

Provider Name:	NPI:
Contact Person:	Email:
Phone:	Fax:

## Requested Services

\*Prior authorization is only needed for more than six visits in a calendar year  
Do not submit if the first six have not been used

CPT Code	Description	Quantity	Start Date	Length of Need

## Required Documentation

<input type="checkbox"/> Current plan of care including diagnosis, short & long-term goals with measurable objectives, frequency of treatment, duration of treatment
<input type="checkbox"/> Treatment notes for spinal subluxation from the last 30 days
<input type="checkbox"/> Chiropractic evaluation completed within the last year
<input type="checkbox"/> Any documentation that will support medical necessity

## Medicaid Supplier Acknowledgement

<input type="checkbox"/> Supplier representative has read, agreed, and applied guidance from the most recent Idaho Provider Handbook
<input type="checkbox"/> Supplier understands request for services does not guarantee payment.
<input type="checkbox"/> Supplier understands PA requests must be complete and valid or it will be denied due to incomplete documentation.
<input type="checkbox"/> Dates of previous visits: _____ Quantity of Units: _____

**\*\*\*ALLOW UP TO 5 BUSINESS DAYS FOR PROCESSING\*\*\***

## Notes

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The status of a prior authorization request may be checked online at the [www.idmedicaid.com](http://www.idmedicaid.com) under "Authorization Status", using your NPI, or by contacting DXC at (866) 686-4272.

For questions email the Medical Care Unit at: [MedicalCareUnit@dhw.idaho.gov](mailto:MedicalCareUnit@dhw.idaho.gov)  
More information is available at [www.DME.idaho.gov](http://www.DME.idaho.gov) and [www.IDMedicaid.com](http://www.IDMedicaid.com)