

Idaho Medicaid DME Prior Authorization Form

Please complete the entire form and submit with all required documentation to (877) 314-8782

Medicaid Participant Information		
Last Name:	First Name:	Initial:
Medicaid ID:	Date of Birth:	
Diagnosis:		

Medicaid Supplier Information		
Supplier Name:	NPI:	
Contact Person:	Email:	
Phone:	Fax:	

Physician Information	
Physician Name:	Phone:

Requested Equipment – Ten Months Rental Coverts to Purchase					
HCPCS / CPT	Description	Quantity	Price Each	Start Date	Length of Need

Medicaid Supplier Acknowledgement
<input type="checkbox"/> Supplier representative has read, agreed, and applied guidance from the most recent Idaho DMEPOS PA Policy and Medical Criteria and Supplier Handbook. <input type="checkbox"/> Physician’s order, Letter of Medical Necessity, and all required documentation is included. <input type="checkbox"/> Supplier understands request for services does not guarantee payment. Medicaid will not prior authorize a service unless it is required per Idaho Medicaid Fee Schedule. <input type="checkbox"/> Supplier understands PA requests must be complete and valid or it will be denied due to incomplete documentation. <input type="checkbox"/> For PAs exceeding limitations, indicate how many units have already been dispensed and dates delivered. Units Dispensed: _____ Date Delivered: _____ <p style="text-align: center;">***ALLOW UP TO 5 BUSINESS DAYS FOR PROCESSING***</p>

Notes

The status of a prior authorization request may be checked online at the www.IDMedicaid.com under “Authorization Status”, using your NPI, or by contacting DXC (Formally Molina) at (866) 686-4272.

For questions email the Medical Care Unit at: MedicalCareUnit@dhw.idaho.gov
 More information is available at www.DME.Idaho.gov and www.IDMedicaid.com