

Idaho Medicaid DME Prior Authorization Form

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

Medicaid Participant Information

Last Name:	First Name:	Initial:
Medicaid ID:	Date of Birth:	
Diagnosis:		
<input type="checkbox"/> Dispensed item despite diligent effort or event beyond provider control?		If applicable: Date of Discharge:

Medicaid Provider Information

Provider Name:	NPI:
Contact Person:	Fax:

Physician Information

Physician Name:	Phone:
-----------------	--------

Requested Equipment – Ten Months Rental Converts to Purchase

HCPCS	Description	Quantity	Price Each	Start Date	Length of Need

Medicaid Supplier Knowledgegement

Supplier representative has read, agreed, and applied guidance from most recent Idaho Medicaid Supplier's Handbook

Physician Order, Letter of Medical Necessity, and all required documentation is included

Supplier understands requests for services does not guarantee payment. Medicaid will not prior authorize a service unless it is required per Idaho Medicaid Fee Schedule.

Supplier understands PA request must be complete and valid or will be denied due to incomplete documentation. Please allow **5 business days** from date of submission for processing.

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 Molina at (866) 686-4272.