

Can I get a retroactive authorization for durable medical equipment?

- All requests for prior authorization must be received before the equipment is to be dispensed unless the department is closed. If the department is closed then a request must be submitted the following business day.
- Requests including documentation of extenuating circumstances preventing a timely request for prior authorization will be reviewed on a case by case basis. An example would be an urgent discharge of equipment and the provider is waiting for a signed prescription from the physician.
- Medicaid will retro-authorize equipment if the participant's eligibility was back-dated.
- We will consider a retro-authorization if there is significant hardship to the participant on a case by case basis.

According to the *IDAPA rule 16.03.09.753. 0*:

“All claims for durable medical equipment are subject to the following guidelines:

a. Unless specified by the Department, durable medical equipment requires prior authorization by the Department.

i. Prior authorization means a written, faxed, or electronic approval from the Department that permits payment or coverage of a medical item or service that is covered only by such authorization. Medicaid payment will be denied for the medical item or service or portions thereof which were provided prior to the submission of a valid prior authorization request. The provider may not bill the Medicaid participant for services not reimbursed by Medicaid solely because the authorization was not requested or obtained in a timely manner. An exception may be allowed on a case-by-case basis where, despite diligent efforts on the part of the provider to submit a request or events beyond the provider's control prevented it. An item or service will be deemed prior approved where the individual to whom the service was provided was not eligible for Medicaid at the time the service was provided, but was subsequently found eligible pursuant to IDAPA 16.03.05, “Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled,” and the medical item or service provided is approved by the Department by the same guidance that applies to other prior authorization requests.

ii. A valid prior authorization request is a written, faxed, or electronic request from a provider of Medicaid for services that contains all information and documentation as required by these rules to justify the medical necessity, amount of and duration for the item or service.”