

**Idaho Medicaid DME Prior Authorization Form  
Ventilators**

Return to: Idaho Medicaid Medical Care Unit  
Mail: PO Box 83720 Boise, ID 83720-0036  
Phone: (866) 205-7403 Fax: (877) 314-8782

*Please complete entire form and submit all required documentation*

<b>Medicaid Participant Information</b>			
Last Name:		First Name:	Initial:
Medicaid ID:		Date of Birth:	
Diagnosis:			
<input type="checkbox"/> <b>URGENT: Required for Hospital Discharge, or Life Sustaining ONLY</b>			Date of Discharge:
<b>Medicaid Provider Information</b> – Please, ensure that NPI matches provider name to avoid delays			
Provider Name:		NPI:	
Contact Person:		Phone:	Fax:
<b>Physician Information</b>			
Physician Name:		Phone:	
<b>Requested Equipment</b> – All components are included in rental price. Rental price is the purchase price divided into ten payments.			
HCPCS Code Requested: <input type="checkbox"/> E0465 <input type="checkbox"/> E0466		Start Date:	End Date:
Purchase Price:		Rental Price:	
<b>Required Documentation</b>			
<input type="checkbox"/> <b>Initial Request</b>		<input type="checkbox"/> <b>Continued Authorization</b>	
<input type="checkbox"/> Current, within the past year, signed and dated physician order with diagnosis and length of need. <b>Note:</b> Verbal orders and signature stamps are not acceptable.			
<input type="checkbox"/> Letter of Medical Necessity <input type="checkbox"/> Participant's current ventilator settings:			
Tidal Volume:	SMIV:	Pressure Support:	PEEP:
<b>Additional Notes</b>			

The status of a prior authorization request may be checked online at the [Molina Health PAS](#) portal under "Authorization Status", using your NPI, or by contacting Molina at (866) 686-4272. If you have questions on a Denial, click on the Notes, which will explain the reason for the Denial, or ask the Molina Customer Service Representative to read you the Notes in the Denial.

For more information, visit [www.dme.idaho.gov](http://www.dme.idaho.gov).