

Idaho Medicaid Negative Pressure Wound Therapy Request 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"/> URGENT: Required for Hospital Discharge, or Life Sustaining ONLY	Date of Discharge:	

Medicaid Provider Information

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

Physician Information

Physician Name:	Phone:
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Requested Equipment – Authorizations must be renewed monthly

HCPCS: E2402	Start Date:
Note: A6550 (dressings) are limited to 15 per month and A7000 (canisters) are limited to 10 per month. Use the general DME request form to request supplies beyond those limits when necessary.	

Required Documentation – Initial Request

<input type="checkbox"/> Current, signed and dated physician order with identification of specific equipment, diagnosis, and length of need. Note: Verbal orders or signature stamps are not accepted.
<input type="checkbox"/> Current description of wound including occurrence date, location, type/stage, precise measurements, quantity of exudates, presence of granulation and necrotic tissue, presence of tunneling if applicable.
<input type="checkbox"/> Documentation of current wound management. Documentation of previous treatment regimen including dressing type, and frequency of change, if applicable.
<input type="checkbox"/> Measures being addressed such as debridement, nutritional concerns, support surfaces, positioning, incontinence control, diabetic management, etc.
<input type="checkbox"/> Current History & Physical or physician Progress Notes.
<input type="checkbox"/> Additional records which support the need for NPWT, such as recent hospital records, operative reports, wound clinic progress notes, antimicrobial therapy records, and/or albumin lab values.

Required Documentation – Extended Use

<input type="checkbox"/> Recent assessment by treating licensed health care professional including updated wound measurements, healing progress, and other wound characteristics. Submit recent physician Progress Notes, or Wound Clinic Notes.
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Notes

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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.