

**Idaho Medicaid Administratively Necessary Day (AND)
Authorization Request Form**
Fax request form along with any required documentation to: (877) 314-8779

Date of Initial Fax:

Date of Post Discharge Fax:

Medicaid Participant Information

Last Name:	First Name:	Initial:
Medicaid ID Number:	Phone:	DOB:
Primary Diagnosis:		

Medicaid Provider Information (Facility)

Hospital Name:	NPI:
Contact Name & Title:	Email:
Phone:	Fax:

Initial Fax: AND Dates Requested

Initial request must be faxed prior to discharge date

Hospital Admission Date:	Initial Date(s) requested:
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Post Discharge Fax: Final Dates Requested

Hospital Discharge Date:	Final Dates(s) Requested:
Dates of Telligen, Inc. Inpatient Approval or Denial (If Applicable):	

Summary of Reason for AND Request

**Supporting Documents
Require:**

- A brief summary of participant's medical condition; i.e. progress notes, history & physical, discharge summary.
- Documentation that the hospital has diligently made every effort to locate a facility or organization to deliver appropriate services. For example: a summary from a Case Worker or Discharger Planner, daily notes which document the date of contact, the facility name, and the reason the participant was not able to be placed in the facility or other care setting.

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 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