

Idaho Medicaid Continuous Glucose Monitoring (CGM) PA Form

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

Medicaid Participant Information

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

Medicaid Supplier Information

Supplier Name:	NPI:
Contact Name:	Email:
Phone:	Fax:

Physician Information

Physician's Name:	Phone:
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Equipment Requested

CGM Name:	Model:	<input type="checkbox"/> Non-Therapeutic Model	<input type="checkbox"/> Therapeutic Model
<input type="checkbox"/> Non-Therapeutic Receiver A9278 <input type="checkbox"/> Non-Therapeutic Transmitter A9277 <input type="checkbox"/> Non-Therapeutic Sensors A9276		<input type="checkbox"/> Therapeutic Receiver K0554 <input type="checkbox"/> Therapeutic Supplies K0553	

HCPCS	Description	Quantity	Price Each	Start Date	Length of Need

Medicaid Supplier Requirements

Supplier representative has read, agreed, and applied guidance from the most recent Idaho DMEPOS PA Policy and Medical Criteria and Supplier Handbook
 Letter of Medical Necessity, Physician's order indicating specific equipment brand and model of CGM, patient diagnosis, and length of need are indicated on the PA submission
 Supplier understands request for services does not guarantee payment. Medicaid will not provide a prior authorize for a service unless it is required per Idaho Medicaid Fee Schedule
 Supplier understands PA requests must be complete and valid or it will be denied due to incomplete documentation
 For PAs exceeding limitations, indicate how many units have already been dispensed and dates delivered
 Units Dispensed: _____ Date Delivered: _____

*****ALLOW UP TO 5 BUSINESS DAYS 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 DXC at (866) 686-4272.

More information is available at www.dme.idaho.gov and www.idmedicaid.com