

# Idaho Medicaid DME Prior Authorization Form

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

## Medicaid Participant Information

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

## Medicaid DME Supplier Information

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

## Physician Information

Physician Name:	Phone:
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## Requested Equipment – Ten Months Rental Covers to Purchase

HCPCS/CPT	Description	Quantity	Price Each	Start Date	Length of Need

## Medicaid Supplier Acknowledgment

- Supplier representative has read, agreed, and applied guidance from the most recent Idaho DMEPOS PA Policy and Medical Criteria Manual and Supplier Handbook.
- Physician's order, Letter of Medical Necessity, and all required documentation is included.
- Supplier understands request for services does not guarantee payment.
- 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](http://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](mailto:MedicalCareUnit@dhw.idaho.gov)  
More information is available at [www.DME.Idaho.gov](http://www.DME.Idaho.gov) and [www.IDMedicaid.com](http://www.IDMedicaid.com)**