

Idaho Medicaid DME Wheelchair Repair 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:

Medicaid Provider Information

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

Wheelchair Information

Make:	Model:	Hour Reading #:
Age of Equipment:	Initial Dispense Date:	

Requested Equipment

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

Wheelchair Repair Information

Is the Wheelchair within Manufacturer's Warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of manufacturer of replacement parts:
What was the initial complaint from the recipient that prompted the repair evaluation?
Please provide the service repair documentation from the technician describing the steps taken to determine need and what was found during the wheelchair evaluation.
How did the wheelchair come into disrepair? (If normal wear and tear please explain in detail the normal daily/weekly schedule of recipient's use of this equipment.)

Required Documentation

- Current, signed and dated physician order with identification of specific equipment, diagnosis, and length of need. (If not originally purchased by Idaho Medicaid.)
- For items without a price listed on the fee schedule - invoice or documentation of MSRP.
- Other documents required for specific items by Medicaid DME Supplier Provider Manual and Idaho Medicaid DMEPOS PA Policy and medical criteria.

Medicaid Supplier Acknowledgement

- Supplier representative has read, agreed, and applied guidance from the most recent Idaho DMEPOS PA Policy and Medical Criteria 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. Medicaid will not prior authorize 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.

*****ALLOW UP TO 5 BUSINESS DAYS FOR PROCESSING*****

Technician or DMA Provider Certification

I certify that all submitted data on this form is true and accurate.

Signature:

Date:

Printed Name:

Phone Number:

Additional 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**.

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