

# Idaho Medicaid Home Health Prior Authorization Form

Please complete entire form and submit all required documentation to: (877) 314-8779

## Medicaid Participant Information

Last Name:	First Name:	Initial:
Medicaid ID:	Phone:	DOB:
Diagnosis Description and ICD Code:		

## Medicaid Home Health Provider Information

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

## Physician Information

Physician's Name:	Phone:
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## Requested Services

Prior authorization is only required for exceeding 100 Home Health visits per calendar year. Prior authorization should only be requested up to December 31<sup>st</sup> of the current year.

REV Code	HCPCS Code	Discipline	Quantity	Cost	Start Date	End Date

## Current Care Dates

Original start date of care:
Dates of current certification period:
Date 100 <sup>th</sup> visit was reached:

## Required Documentation

<input type="checkbox"/> Current, signed and dated physician order. <b>Note:</b> Verbal orders or signature stamps are not accepted
<input type="checkbox"/> Current Home Health Certification and Plan of Care
<input type="checkbox"/> Visit notes, recertification notes, evaluations, any documentation that will support medical necessity

## For Additional Information or Notes Please Attach a Cover Sheet.

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)