**All information can be entered when submitting the request via online portal (**[**http://myqualitrac.com**](http://myqualitrac.com)**). If choosing to submit the request via fax: Fax this completed form, all required documentation, and documentation of medical necessity to (866) 539-0365.**

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| **Medicaid Participant Information** |
| Last Name: First Name: Initial: |
| Medicaid ID: Phone: DOB: |
| ICD-10 Diagnosis code: |

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| **Medicaid Supplier Information** |
| Supplier Name: NPI: |
| Contact Name: Email: |
| Phone: Fax: |

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| **Physician Information** |
| Physician’s Name: NPI: |

|  |  |
| --- | --- |
|  |  **Equipment Requested** |
| ***CGM Name: Model:*** [ ]  ***Non-Therapeutic Model*** [ ]  ***Therapeutic Model*** |
| [ ]  Non-Therapeutic Receiver A9278[ ]  Non-Therapeutic Transmitter A9277[ ]  Non-Therapeutic Sensors A9276 | [ ]  Therapeutic Receiver K0554[ ]  Therapeutic Supplies K0553 |
| **HCPCS**  | **Modifier** | **Description** | **Quantity** | **Price Each** | **Start Date** | **End Date**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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| **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, signed Physician’s or Non-Physician Practitioner’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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* *The status of a prior authorization request may be checked via portal or by calling (866 538-9510.*
* *Any questions regarding this process may be sent to* *IDMedicaidsupport@telligen.com*
* *More information is available at idmedicaid.telligen.com*