**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: |

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|  | | | **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*](mailto:IDMedicaidsupport@telligen.com)
* *More information is available at idmedicaid.telligen.com*