**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 DME Supplier Information** |
| Supplier Name: NPI: |
| Contact Person: Email: |
| Phone: Fax: |

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| **Physician Information** |
| Physician Name: NPI: |

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|  |  **Requested Formula** |
| **HCPCS**  | **Modifier** | **NDC** | **Description** | **Quantity** | **Price Each** | **Start Date** | **End Date** |
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| **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.[ ]  Signed Physician or Non-Physician Practitioner’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**.** [ ]  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*