

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 31st 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 th visit was reached:

Required Documentation

<input type="checkbox"/> Current, signed and dated physician order. Note: 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 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