

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: Date of Birth:

Diagnosis:

Medicaid Provider Information

Provider Name: NPI:

Contact Person: Phone: Fax:

Physician Information

Physician Name: Phone:

Requested Services

Prior authorization is required for exceeding 100 Home Health visits per calendar year.

CPT Code	Description	Quantity	Start Date	Length of Need

Required Documentation

- Current, signed and dated physician order.
Note: Verbal orders or signature stamps are not accepted.
- Current Home Health Certification and Plan of Care.
- Visit notes for the last 30 days.
- Any documentation that will support medical necessity.

Notes

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 Molina at (866) 686-4272.

Fax: (877) 314-8779 Phone: (208) 364-1833

More information is available at <https://medunit.idaho.gov>, Home Health and www.idmedicaid.com

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