

Idaho Medicaid Pull-Up Statement of Medical Necessity

Client Name:

Date of Birth:

I acknowledge that Idaho Medicaid will only reimburse for pull-ups if the participant is able to perform toileting activities on their own some of the time, and when tabbed briefs would prevent independence and cause a risk to the participant. Pull-ups are not covered for the convenience of the caregiver.

I certify that my patient is able to perform toileting activities on their own some of the time with the use of pull-up undergarments. Pull-up undergarments allow my patient to maintain their independence in toileting, and tabbed briefs would cause a risk to my patient. I certify that pull-up undergarments are not for caregiver convenience.

I certify that my patient meets all of the above criteria outlined by Idaho Medicaid, and I request that they be supplied with pull-up undergarments that are medically necessary for their care.

I certify the above statement: Yes No

Notes:

Prescriber's Printed Name

NPI

Prescriber's Signature

Date