



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

### MEMORANDUM

**To:** Audiology Service Providers  
**From:** Nichole Walsh-Meadows  
Division Chief, Division of Children's Services  
**Subject:** Audiology Services Correction Form  
**Date:** March 25, 2026

**This memo updates contact information from the original memo dated November 13, 2018. Guidance for corrections remains unchanged.**

Effective immediately, providers should complete a correction request form if a change is needed to information that was submitted on the preauthorization request, such as provider name and number or dates of service. If a change is needed, please complete the attached Audiology Provider Corrections Form and fax it to Telligen at 1-888-297-4276. This form can also be found at the following websites:

<http://www.telligenmd.qualitrac.com/document-library> and  
<https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>.

**Please do not submit a new review request through Qualitrac in order to make a correction to a previously submitted preauthorization request. This will create a duplicate preauthorization number which may cause delays in payment.**

If you have any questions, please contact Nadege Dorleans at 410-767-3998 or email [nadege.dorleans@maryland.gov](mailto:nadege.dorleans@maryland.gov)

### **Audiology Provider Correction Form Instructions**

The Audiology Services Correction Form can be used by audiology providers to request changes to dates of service and any other corrections for Qualitrac audiology preauthorization requests.

1. The audiology provider will access the Telligen website at: <http://www.telligenmd.qualitrac.com> to find the Correction Form and cover sheet under the document library tab.
2. Provider completes the fillable PDF form and faxes it to Telligen at 888-297-4276.
3. Complete the Correction Form and cover sheet in its entirety. Incomplete information will not be processed.
4. Once the correction is received, Telligen will have 7 business days to complete the request.
5. The audiology provider will be notified by email when the correction was sent to the Department or if it was rejected. **\*\* Telligen will only send the email to the contact listed on the correction form.**
6. The Department will manually make the requested correction in MMIS.
7. The requested correction will not be changed in Qualitrac; however, Telligen staff will attach a copy of the accepted or rejected correction request to the associated Reference ID.

Should you have any questions, please contact Telligen's Support Center at 888-276-7075 or email [marylanducsupport@telligen.com](mailto:marylanducsupport@telligen.com).



**Audiology Services Correction Request Form**  
Please complete the form and fax to Telligen at 888-297-4276

Date of Audiology Correction Request: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's MA Number: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Request/Case ID Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

**\*\*Contact Email Address (REQUIRED):** \_\_\_\_\_

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 888-276-7075.

**CONFIDENTIALITY NOTICE:** The documents transmitted herewith may contain confidential information belonging to the sender, which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are notified that any disclosure, copying, distribution or the taking of any action or reliance on the contents of this faxed information is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone to arrange for return of the original document. R 5/03/18

**Audiology Services Correction Request Form**  
Please complete the form and fax to Telligen at 888-297-4276

<b>Audiology Correction:</b>	<b>Current Information:</b>	<b>Change Information to:</b>
<input type="checkbox"/> <b>Date of Service</b>		
<input type="checkbox"/> <b>Provider Name or Number</b>		
<input type="checkbox"/> <b>Other</b>		
<input type="checkbox"/> <b>Appeal/Hearing Outcome</b> (Internal Use Only)		

**Patient's Last Name:** \_\_\_\_\_

**Telligen Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  **Accepted**  **Rejected**