



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Reference Guide for Completing Preauthorization Forms for Physician Services and Physician-Administered Injectable Drugs

Who should use these forms:

- Any **eligible** Provider Type wishing to obtain an authorization for a Professional Service that requires Maryland Medical Assistance approval prior to rendering the service.
- Complete this form only if the claim will be submitted on a CMS-1500 claim form.
- If you followed the *Preauthorization Decision Procedure* in the current Professional Services [Provider Manual](#) and reached *Step 6*.

Preauthorization Request Form Physician Services

Section I - Patient Information

Medicaid Number (11 Digits) - The patient's (recipient's) 11-digit Maryland Medical Assistance number is required.	Telephone - Enter the patient's (recipient's) complete telephone number.
Name (Last, First, MI) - Enter the patient's (recipient's) name as it appears on their Maryland Medical Assistance card.	Address and Telephone - Enter the patient's (recipient's) complete mailing address with zip code and telephone number.
DOB and Sex - Enter the patient's (recipient's) date of birth and sex.	

Section II - Provider Information

Pay-to Provider # (9 Digits) - Enter the pay-to provider's 9-digit Maryland Medical Assistance provider number (do not use NPI) of the billing provider. This will be the same number used on Block 33 of the CMS-1500 claim form.	Rendering Provider # (9 Digits) - Enter the 9-digit Maryland Medical Assistance provider number (do not use NPI) of the practitioner rendering the service(s). In some instances, the rendering number may be the same as the pay-to provider number. The rendering provider must be considered an eligible Provider Type for the service being requested.
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Pay-to Provider Name, Address, and Telephone - Enter the name, address, and telephone number for the pay-to provider that matches the provider file.	Rendering Provider Name, Address, and Telephone - Enter the name, address, and telephone number for the rendering provider that matches the provider file.
Provider Signature - Signature of the provider rendering services.	
Contact Information for the Person Completing this Form - Please provide a direct email and phone number for the person completing this form.	

Section III - Preauthorization Information

Request Date - Date the form is being submitted to the MDH Professional Services Preauthorization Unit.	Date of Services - Date range when the services are expected to take place. Medicaid can only authorize services up to the end of the current calendar year. If the service being requested goes into the following year a new request form must be completed. For example - Dates of Services from 11/12/20 to 1/12/21 should be submitted on two request forms (11/12/20 to 12/31/20) and (1/1/2021 to 1/12/21).
Diagnosis Codes - List the dx codes corresponding to the medical request for the service.	

Section IV - Preauthorization Line Item Information

Code - List the CPT or HCPCS code(s) that require a prior authorization.
Mod 1 and 2 - List any associated modifiers.
Requested Units - List the total number of units for the service being requested.

* Please note, the information provided in this section must match the information submitted on the CMS-1500 claim form, or a denial may occur.

Preauthorization Request Form Physician-Administered Injectable Drugs

Section I - Patient Information

Medicaid Number (11 Digits) - The patient's (recipient's) 11-digit Maryland Medical Assistance number is required.	Telephone - Enter the patient's (recipient's) complete telephone number.
Name (Last, First, MI) - Enter the patient's (recipient's) name as it appears on their Maryland Medical Assistance card.	Address and Telephone - Enter the patient's (recipient's) complete mailing address with zip code and telephone number.
DOB and Sex - Enter the patient's (recipient's) date of birth and sex.	

Section II - Provider Information

Pay-to Provider # (9 Digits) - Enter the pay-to provider's 9-digit Maryland Medical Assistance provider number (do not use NPI) of the billing provider. This will be the same number used on Block 33 of the CMS-1500 claim form.	Prescribing Provider # (9 Digits) - Enter the Maryland Medical Assistance provider number (do not use NPI) of the practitioner rendering the service. In some instances, the rendering number may be the same as the pay-to provider number. The prescribing provider must be an eligible Provider Type for the service being requested.
Pay-to Provider Name, Address, and Telephone - Enter the name, address, and telephone number for the pay-to provider that matches the provider file.	Rendering Provider Name, Address, and Telephone - Enter the name, address, and telephone number for the rendering provider that matches the provider file.
Provider Signature - Signature of the provider rendering services.	

Section III - Preauthorization Request Information

Request Date - Date the form is being submitted to the MDH Professional Services Preauthorization Unit.	Diagnosis Codes - List the dx codes corresponding to the medical request for the service.
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<p>Request Type -</p> <p>Select Initiation of therapy if this is the beginning of the therapy treatment.</p> <p>Select Continuation of therapy if this request is for ongoing therapy treatment. Include the date of the initial therapy treatment.</p>	<p>Date of Services - Date range when the services are expected to take place. Medicaid can only authorize services up to the end of the current calendar year. If the service being requested goes into the following year a new request form must be completed.</p> <p>For example - Dates of Services from 11/12/20 to 1/12/21 should be submitted on two request forms (11/12/20 to 12/31/20) and (1/1/2021 to 1/12/21).</p>
<p>Drug Name - List the drug name.</p>	<p>Dose - Provide the total dosage amount.</p>
<p>Route - Provide the method in which the drug will be administered.</p>	<p>National Drug Code (11 Digits) - Provide the 11-digit NDC. This number must have a federal rebate as this is required for Maryland Medicaid reimbursement.</p>
<p>HCPCS Code - List the valid HCPCS Code.</p> <p>Requested # Units Per Each Dose - Provide the number of units for each dose.</p> <p>Requested # Total Doses During Period - Provide the number of doses during the time period of the authorization request.</p> <p>Requested # Total Units During Period - Provide the number of units for each dose during the time period of the authorization request.</p>	

Section IV - Preauthorization Request (continued) If this section is applicable to your request, complete this section to prevent delay in the review process.

<p>Prior Therapies - Only complete this section if this is an initiation of therapy. Please include the previous drugs, dates of service(s), and reasons the drug was discontinued.</p>	<p>Results of monitoring parameters or lab tests supporting safe initiation or continuation of therapy - Please provide the test name, date of results, and the results.</p>
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Section V - Therapeutic Justification

Provide medical records and any relevant information documenting medical necessity for the requested drug.

Section VI - Additional Preauthorization Information

Location Where Patient Will Receive Treatment - Please name the physical location where the patient will receive treatment. Check the appropriate box of the location type.

Is the drug being administered as part of a clinical trial - Indicate if the drug requested is currently part of a clinical trial.

Section VII - Physician Attestation and Contact Information

Provider Signature - The signature of the provider rendering services.

Contact Information for the person completing this form - Please provide a direct email and phone number for the person completing this form.