



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**Dear Provider:**

**Please register this patient under the name, CMS ID # and date of birth; as it appears on the Children's Medical Services (CMS) Program eligibility letter, purple ID card and the pre-authorization letter.** This is very important and will help avoid any denial of pre-authorizations or payments.

**Pre-Authorizations:**

- CMS reminds you that all needed services for the applicant must be Approved / Pre-Authorized by the CMS Program before the services are rendered.
- Please provide to CMS a minimum of 10 business days, before the begin date of the service. In order to be reviewed and determine if services will be covered.
  - If covered by the program, CMS can only approve services up to a maximum of 90 days at the time.
- To initiate/request a pre-authorization for a service, you must complete a 4510 preauthorization form. ***\*\*Effective from October 1, 2022, all pre-authorizations must be submitted electronically.*** You can find a link to the electronic form in our website: [https://health.maryland.gov/phpa/genetics/Pages/CMS\\_Program.aspx](https://health.maryland.gov/phpa/genetics/Pages/CMS_Program.aspx). CMS will follow-up to the provided telephone/email address on the form, if any additional information is required.
- If the patient requires an admission or surgery, an estimate of charges is also required.
- CMS will fax the approved pre-authorizations 2 to 5 business days, before the date of the appointment, to the indicated fax number provided on the 4510 form.

**Billing:**

- **CMS will only cover medical services that have been pre-authorized by the Program.**
- CMS reminds you that all claims must be submitted with the appropriate medical notes and asks you to ensure that the patient's Last Name(s), First Name, Date of Birth and CMS ID # match. In order to avoid a claim correction denial. You can also enclose a copy of the pre-auth. letter.
- If the patient has Primary Insurance, ensure to enclose the primary insurance EOB (explanation of benefits). It is required for CMS to process a payment.
- Providers have 12 months from the date of service to submit claims to CMS. ***\*\*Effective from October 1, 2022 all claims must be submitted through our online form.*** You can find a link in our website: [https://health.maryland.gov/phpa/genetics/Pages/CMS\\_Program.aspx](https://health.maryland.gov/phpa/genetics/Pages/CMS_Program.aspx).
- If you have any questions regarding eligibility, applications or pre-authorizations, you can call or email:
  - CMS Telephone: (410) 767-5588
  - Email: [mdh.childrensmedicalservices@maryland.gov](mailto:mdh.childrensmedicalservices@maryland.gov)
- If you have any question regarding claims, you can call or email:
  - CMS Telephone: (410) 767-6734
  - Email: [mdh.cmsp-claimssubmissions@maryland.gov](mailto:mdh.cmsp-claimssubmissions@maryland.gov)

Thank you,  
CMS Program Staff



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## DEPARTMENT OF HEALTH

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