



Out-of-State Inpatient Admission Requests

Information Required for Out-of-State Inpatient Admission Requests

For consideration of approval for an out-of-state **inpatient** admission the following information must be submitted to the Maryland Department of Health (MDH).

Outpatient services for fee-for-service participants do not require prior authorization.

- I. Patient Demographics
 - Patient Name, DOB and Maryland Medicaid number
 - Maryland (In-State) - referring medical provider name and contact information

- II. Name of Out-of-State Facility (OOSF)
 - Facility name and Maryland Medicaid number
 - Name, email address and phone number for the contact at the facility

- III. Procedure Requested
 - ICD-10 Diagnosis Codes
 - Requested Dates of Admission
 - Name of rendering Out-of-State Provider
 - Documentation that the rendering provider participates with Maryland Medicaid
 - Verification that the requesting facility has contacted [ePREP](#) to determine whether the rendering provider has an active Maryland Medicaid number

- IV. Patient Medical Information
 - All health records supporting the medical condition and necessity of requested services
 - Recent H&P or Medical Provider evaluation
 - All recent laboratory, medical imaging, and diagnostic studies relevant to the diagnosis/reason for admission
 - If patient has previously had inpatient or outpatient treatment at the OOSF*
 - All prior medical records that are specifically relevant to the requested inpatient services

IV. Rationale for Out-of-State Request

- Name, contact information, and Maryland Medicaid number of Referring In-State (Maryland) medical provider
- Documentation from Maryland provider stating why services can't be provided within Maryland
- Documentation of any current relationship between the patient and the OOSF
 - Letter stating the benefits of continuity of care for the patient
 - If the patient followed a previous in-state provider, please provide documentation of this relationship as well as the date ranges the provider has had privileges at the OOSF**
- If travel to an in-state facility creates hardship for the patient please provide a detailed explanation

V. Requests

- All information required for out-of-state inpatient admissions requests should be forwarded to the attention of the MDH Hospital Program. The fax number for the Hospital Program is (410)-333-5425.

* Outpatient services alone – may not qualify as a continuity of care relationship with the facility.

** If the requested admission is based on the patient following a previously established Maryland Medicaid provider, is that provider still at the OOSF? If the provider is no longer at the OOSF, did the patient transfer care during the time they had active privileges?

Approved: Hospital Program 8/1/2020

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