

**Maryland Department of Health and Mental Hygiene**
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

MARYLAND MEDICAID ASSISTANCE PROGRAM**Home Health Transmittal No. 42****September 19, 2005**

TO: Home Health Agency Administrators

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed about the contents of this transmittal.

RE: Preauthorization

The intent of this transmittal is to remind home health agency providers of the services that require preauthorization and to clarify current preauthorization procedures. Therefore, this transmittal supersedes Home Health Transmittals No. 4 and 10. Please refer to the Home Health Services regulations (COMAR 10.09.04) for a complete account of home health agency provider requirements.

Pursuant to COMAR 10.09.04.06, preauthorization for Medicaid Home Health Services is required for:

- More than one visit per type of service per day;
- Any service or combination of covered services rendered during a 30-day period for which the provider anticipates payments from the program in excess of the Medicaid average nursing facility rate which is \$5,611.50 effective July 1, 2005;
- Four or more hours of care per day whether the 4-hour limit is reached in one visit or in several visits in one day;
- Mental health services provided according to COMAR 10.09.04.04B(6); and
- Any instance in which home health aide services without skilled nursing services are provided.

Please note that a recipient's pending Medicaid status does not negate the need to obtain preauthorization in the above instances.



When preauthorization is required, the following guidelines must be followed:

- While the preauthorization process is telephonic, home health service providers must obtain physician orders that specify the number, type and duration of services prescribed. A telephone order recorded by a licensed registered nurse is sufficient for the initiation of home health services. However, the agency may not bill Medicaid for rendered services until the signed, written physician orders are received.
- Preauthorization must be requested by the home health agency prior to initiation of service. The only exceptions to this rule are emergency or urgent services. Requests for emergency or urgent service delivered outside normal office working hours (i.e., 8:00am through 5:00pm Monday through Friday) or when State offices are closed (i.e., holidays, weekends, inclement weather) must be made no later than the close of business the next working day.

“Emergency service” means service provided in instances which require prompt action from the provider after the onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected by a prudent lay person, possessing an average knowledge of health and medicine, to result in:

- a) Placing health in jeopardy;
- b) Serious impairment to bodily functions;
- c) Serious dysfunction of any bodily organ or part; or
- d) Development or continuance of severe pain.

An example or a situation requiring an “emergency” visit would be when a recipient disconnects an indwelling or internal device (i.e., central line or trache tube).

“Urgent service” means service provided in instances which require prompt action from the provider after the onset of a medical condition or incident resulting in bodily dysfunction or extreme discomfort. An example of a situation requiring an “urgent” visit would be when a recipient disconnects a foley catheter or feeding tube.

- Denial of preauthorization for services does not prevent billing for services which do not require preauthorization.

Note: Preauthorization is not a verification of Medical Assistance eligibility or guarantee of payment. The responsibility to verify the recipient's eligibility prior to the provision of services remains with the home health agency. To verify a recipient's Medicaid eligibility please call the Eligibility Verification System (EVS) at 1-800-492-2134.

All requests for home health services preauthorization are processed by a telephone on-line system. The telephone number to request home health service preauthorization is 410-767-1448 or 1-877-4MD-DHMH, ext. 1448.

Questions concerning this transmittal should be directed to the Staff Specialist for Home Health Services at 410-767-1448 or 1-877-4MD-DHMH, ext. 1448. Inquiries regarding Medicaid billing and claim status should be directed to Provider Relations at 410-767-5340 or 1-877-4MD-DHMH, ext. 5340.