STATE OF MARYLAND
DHMH
Office of Health Services
Medical Care Programs
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Medical Supply and Equipment Transmittal No. 50
Oxygen Transmittal No. 23
February 9, 2001

TO: Disposable Medical Supply/Durable Medical Equipment Providers
Oxygen Providers

FROM: Joseph Millstone, Executive Director
Office of Health Services

SUBJECT: Instructions for the DHMH Preauthorization Request Form (DHMH 4527)

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

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Attached please find the instructions to complete the Maryland Medical Assistance Program's Preauthorization Request Form. The purpose of this issuance is to assist providers in properly completing requests for durable medical equipment, disposable medical supplies, oxygen and oxygen related equipment. Following these step-by-step instructions will facilitate timely processing of preauthorization requests by the Medicaid Program. Please distribute these instructions immediately upon receipt of this transmittal. Thank you.

If you have questions pertaining to the completion of the DHMH 4527, you may reach the Division of Community Support Services at 410-767-1739.

JM/lsc
Attachments

Instructions for completing the Preauthorization Request Form for Disposable Medical Supplies, Durable Medical Equipment and Oxygen and Respiratory Equipment (DHMH 4527)

The header above Section I assists DHMH staff to properly categorize and process your request. Proper categorization facilitates timely processing. These categories include Durable Medical Equipment, Disposable Medical Supplies and Oxygen and Related Respiratory Equipment. Also, please specify whether this is an initial request or a follow-up request. If you are requesting items from more than one category, please use a separate form for each category. (ex. Requests for diapers should be written on a separate form when also requesting oxygen equipment)

Section I – Recipient Information

Section I identifies the intended recipient of the requested supplies or equipment. Please complete this section in its entirety ensuring the name of the recipient matches the data you provide. To make sure you are identifying the correct Medicaid fee-for-service eligible recipient, it is essential for you to consistently use the Eligibility Verification System (Provider Relations 410-767-5340). If the recipient identified is not eligible for the Medicaid services requested, the preauthorization cannot be approved.

Section II – Preauthorization General Information

Section II identifies the provider offering to supply the equipment or supplies. Each portion of this section is equally important. An accurate provider number, name and address ensure payment to the correct provider. Identification of a contact person by name and telephone number are helpful to DHMH staff when additional information is required from the rendering provider.

Note: It is important that the "pay to" or rendering provider is enrolled as a Maryland Medicaid Provider. If the provider is not enrolled with Maryland Medicaid, the preauthorization request cannot be approved. Should the "pay to" provider wish to initiate the enrollment process, they must contact Provider Enrollment at 410-767-5340.

Section III – Additional Preauthorization Information

The prescribing provider's number, name, address and telephone number must be submitted. Your request cannot be approved if the request form is not signed and dated by the ordering physician; or if a copy of the physician's signed order/prescription is not attached to the DHMH 4527. Additionally, the recipient's diagnosis, prognosis and the medical justification for the requested item (s) must be provided. When completing the "medical justification", the goal is simply to explain why the requested item(s) is needed and why the Medicaid Program should reimburse for services. The simplest way to do so is to relate the need to the information provided immediately above in "Diagnosis and Present Condition". When the requested item(s) replaces an existing item(s) the rationale and justification for the replacement needs to be explained on the DHMH 4527 or on the prescribing provider's letterhead. The physician must also include the date he/she has last seen the recipient.

Section IV – Preauthorization Line Item Information

Clearly identifying the item(s) for which preauthorization is requested helps to expedite a timely response from the Medicaid Program. When complete and accurate information is not provided, the preauthorization form cannot be approved with the undesirable result of delaying consumer receipt of requested items. The header above Section IV identifies the location of the Medicaid recipient. If the patient is in a nursing home or hospital, he/she is not eligible to receive durable medical equipment or disposable medical supplies through the preauthorization process. All services will be provided by the inpatient facility. If the recipient is scheduled to be discharged to his/her home and will need medical equipment and/or supplies to prevent re-institutionalization, please provide the date of the impending discharge and a copy of the signed discharge order. Please complete "Requested Amount" section with the amount your company would like to be reimbursed.

Section V – Detailed Item Information

Section V is completed for requests of customized items or items requiring individual consideration. For customized items, it is necessary to attach a specification/product sheet from the manufacturer, including the manufacturer's price, address, telephone number and provider number. It is also very important to fill-in the "Single Unit Price" section with the manufacturer's suggested retail price.

Note: Search your files carefully for duplicate requests. Duplicate requests will be denied

Completed forms are to be mailed to:

Office of Operations and Eligibility
Division of Claims Processing
P.O. Box 17058
Baltimore, Maryland 21203

Resubmitted preauthorizations are to be mailed to:

Department of Health and Mental Hygiene
Division of Community Support Services
201 West Preston Street, Room 130
Baltimore, Maryland 21201

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