



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

May 18, 2016

To: Hospital Administrators  
From: *Susan J. Tucker*  
Susan J. Tucker, Executive Director  
Office of Health Services  
Re: 3808 correction process  
Note: **Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.**

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The Department is pleased to inform you that the process for submitting corrections to the 3808 form has been finalized with Telligen. Hospitals should request a correction to a 3808 when there is a need to change information such as admission or discharge date, diagnosis code(s), procedure code(s), provider name or MA number, or MA eligibility date(s). It is understood that some facilities may initially have a significant number of corrections to submit, and the Department has committed to working as quickly and efficiently as possible with Telligen, to ensure that these corrections are made so that billing for these claims may occur.

Effective immediately, if a correction to a 3808 is needed please complete the attached *Acute Hospital 3808 Correction Request Form* and fax it to Telligen at 1-888-297-4276. This form can also be found at the following websites: <http://www.telligenmd.qualitrac.com/document-library> and <https://mmcp.dhmh.maryland.gov/Pages/UCATransition.aspx>. Once Telligen verifies the need for a correction, the request form will be forwarded to the Department. The Department will then make the correction.

**Please do not submit a new review request through Qualitrac in order to make a correction to a previously submitted 3808. This will create a duplicate preauthorization number which will cause delays in payment.**

If you have questions regarding this memorandum, please contact Maryam Baharloo, Division Chief for Hospital Services at 410-767-1724 or she may be reached at [maryam.baharloo@maryland.gov](mailto:maryam.baharloo@maryland.gov).



**Acute Hospital 3808 Correction Request Form**  
**Please Complete the form and fax to Telligen Acute at 888-297-4276**

Date 3808 Correction Requested: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's MA Number: \_\_\_\_\_

UB04 Number/3808 Number: \_\_\_\_\_

Admit Date: \_\_\_\_\_

Request/Case ID Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 443-561-3320.

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**Acute Hospital Correction Request Form**  
 Please Complete the form and fax at Telligen Acute at 888-297-4276

| 3808 Correction for:   | Current Information: | Change Information to: |
|--|----------------------|------------------------|
| <input type="checkbox"/> Admission/<br>Discharge Dates                 |                      |                        |
| <input type="checkbox"/> Diagnosis Code<br>(Please list first 4 codes) | 1)<br>2)<br>3)<br>4) | 1)<br>2)<br>3)<br>4)   |
| <input type="checkbox"/> Procedure Code<br>(Please list first 4 codes) | 1)<br>2)<br>3)<br>4) | 1)<br>2)<br>3)<br>4)   |
| <input type="checkbox"/> DRG   |                      |                        |
| <input type="checkbox"/> Facility Name or<br>Number                    |                      |                        |
| <input type="checkbox"/> MA Eligibility<br>Dates Changes               |                      |                        |
| <input type="checkbox"/> Other   |                      |                        |

Patient's Last Name: \_\_\_\_\_