

Maryland Medical Assistance Program

Disposable Medical Supplies/Durable Medical Equipment (DMS/DME) Program

Parenteral and Enteral (PEN) Items and Services

Frequently Asked Questions (FAQs)

1. When should the PEN Authorization form be completed during this transition period? Should providers complete the PEN Authorization form after the Medicaid participant's current physician's order expires?

All existing physicians' orders are being transitioned from Pharmacy to DMS/DME and will remain active until their expiration or termination. Please make certain to continue to retain all records for a minimum of six (6) years, as required.

2. Will providers need to submit the PEN Authorization form every month when billing for services?

No, the PEN Authorization form is to be submitted initially, annually (i.e., upon recertification), or as a revision, if the participant's medical status changes. Please refer to the form's instructions.

3. Will providers need to complete the PEN Authorization form prior to the transition – specifically, prior to February 1, 2021?

No, all existing authorizations will transition from Maryland Medicaid's Pharmacy Program to the DMS/DME Program. The PEN Authorization form will need to be completed as providers begin providing services to new participants (i.e., initial), annually (i.e., upon recertification), or for revisions, when a participant's medical status changes.

4. Will providers need to submit the PEN Authorization form if the participant has primary insurance (e.g., Medicare) and Medicaid as secondary insurance?

No, Medicaid will accept Medicare's payment of the claim as meeting medical necessity criteria.

5. Who is supposed to provide the information in the fourth field located on the PEN Authorization form?

The participant's prescribing provider must complete the fourth field and provide the information relevant to justifying the request.

6. Why are providers required to enter the Invoice Control Number (ICN) on the PEN Authorization form?

The ICN is required to assist with addressing specific compliance measures related to the Program's obligation to meet certain federal assurances -- specifically, in this instance, financial accountability. The ICN is a unique number that is tied to the claim. Maryland Medicaid will use this key identifier to cross-reference the claim to the medical review that the utilization control agent (UCA) will complete as a part of its retrospective review.

Providers are able to retrieve the ICN from remittance advice reports. These reports are generated in an electronic format and should be retrievable for inspection upon the Department's request. As indicated in the PEN Authorization form's instructions, the Department will request this information post service delivery and billing.

7. What are the timeframes associated with the retrospective review?

The UCA is required to respond within 10 days of receiving the request. If there are delays associated with the determination, it is often due to a need for additional information to make the requisite determination. Providers may also exercise their right to request a reconsideration within 30 days of a denial.

8. How should providers enter requests for PEN items and services?

PEN requests will be submitted in the same way as other DMS/DME requests, via the Qualitrac Provider Portal. The PEN Authorization form and medical documentation should be uploaded with the request.