



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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Waiver for Older Adults Transmittal No. 23**  
**June 26, 2007**

**TO:** Waiver for Older Adults Environmental Accessibility Adaptations and  
Assistive Devices/Equipment Providers  
Waiver for Older Adults Case Managers

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

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

**RE:** Claims reimbursement process for providers of Environmental Accessibility  
Adaptations and Assistive Devices/Equipment

The purpose of this transmittal is to notify certain Medicaid Waiver for Older Adults providers regarding a change in the reimbursement process for Environmental Accessibility Adaptations and Assistive Devices/Equipment services.

The mailing address will change for claims submitted by Waiver for Older Adults (WOA) providers for the following services:

- Environmental Accessibility Adaptations (W0207)
- Assistive Devices/Equipment Services (W0214)

Effective July 1, 2007, all claims for the above services must be sent to the Maryland Department of Aging Billing Unit. MDOA will accept **paper claims only** for these services. No claim will be processed without a preauthorization form attached. In order to expedite claims processing, information on claim forms should be carefully reviewed for accuracy before submission. Claims processing may take four to six weeks. The process for authorization and billing for both Environmental Accessibility Adaptations and Assistive Devices/Equipment services is outlined below.

**Environmental Accessibility Adaptation Services (W0207)**

Please note that the benefit limit for Environmental Accessibility Adaptation services is \$5,000 annually and \$10,000 lifetime.



1. The case manager must first contact MDOA to request a review of the claims that have been paid on behalf of the participant for these services. This procedure will ensure that the waiver participant has not exceeded either the calendar year and/or the lifetime limit for these benefits.
2. The case manager must select a provider from the list of enrolled waiver providers maintained by MDOA. All Environmental Accessibility Adaptation services require preauthorization. Services under \$500 do not require bids; however, services in excess of \$500 require a minimum of two written bids.
3. If a case manager anticipates that services will exceed \$500, they must solicit written bids from at least two providers selected from the enrolled waiver provider list, select the provider based upon the most appropriate bid, prepare the preauthorization, and forward a copy of the preauthorization form to the selected provider for the completion of services.
4. Upon completion of the service, the provider must attach a copy of the signed preauthorization form to a completed, originally signed WOA Claim Form with their WOA provider number, and submit these documents for reimbursement to the following address:

Maryland Department of Aging  
Billing Unit  
301 West Preston Street, Suite 1007  
Baltimore, Maryland 21201

Note for case managers: The original bids and the preauthorization form must be kept as a permanent part of the participant's file.

**Assistive Devices/Equipment Services (W0214)**

The Waiver limits the benefit amount for Assistive Devices/Equipment services to \$1,000 in a year.

1. Case managers are responsible for ensuring that items requested as Assistive Devices/Equipment are not covered under the Medicaid State Plan Disposable Medical Supplies and Durable Medical Equipment (DMS/DME) program. Information regarding items covered by the DMS/DME program can be viewed on the internet at [www.dhmh.state.md.us/mma/communitysupport](http://www.dhmh.state.md.us/mma/communitysupport) or obtained by calling 410-767-1739.

Items covered under Medicaid DMS/DME must be billed to the Medicaid State Plan program using the provider's Medicaid DMS/DME number and submitted on a CMS 1500 claim form with an original signature. DMS/DME claims must be mailed to:

DHMH  
P.O. Box 1935  
Baltimore, MD 21203

2. The case manager must select a provider from the list of approved providers generated by the Maryland Department of Aging, prepare a preauthorization form listing the provider's Waiver for Older Adults provider number, and forward a copy of the preauthorization to the selected provider.
3. Upon completion of the service, the provider must submit a copy of the signed preauthorization form attached to a completed, originally signed WOA Claim Form listing the provider's Waiver for Older Adults provider number, and return these documents for reimbursement to the following address:

Maryland Department of Aging  
Billing Unit  
301 West Preston Street, Suite 1007  
Baltimore, Maryland 21201

Note to case managers: The original preauthorization form must be kept as a permanent part of the participant's file.

Questions regarding this transmittal and other general billing questions may be directed to the MDOA Waiver Billing Unit at (410) 767-1100.

Attachment

cc: Maryland Department of Aging