



STATE OF MARYLAND

DHMH

Office of Health Services

Maryland Department of Health and Mental Hygiene

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
MEDICAL SUPPLY AND EQUIPMENT TRANSMITTAL NO. 49**

October 27, 2000

Medical Supply and Equipment Providers

FROM: Joseph M. Millstone, Executive Director
Office of Health Services

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

Preauthorization Requirements for Disposable Medical Supplies (DMS) and
Durable Medical Equipment (DME) for Maryland Medical Assistance
Fee-For-Service Recipients in the Community - Effective Immediately

This transmittal clarifies the preauthorization process for medical supplies and equipment for Maryland Medical Assistance fee-for-service recipients in the community. The Department of Health and Mental Hygiene has established procedures for obtaining disposable medical supplies and durable medical equipment which conform to policy clarification and guidance from the Health Care Financing Administration (HCFA). The guidance from HCFA provides that Medical Assistance Programs must consider requests for Disposable Medical Supplies (DMS) and Durable Medical Equipment (DME) on the basis of their medical necessity and can not limit DMS and DME by using finite or closed lists of covered items. Lists of routinely covered DMS and DME items may continue to be used for administrative convenience to identify items which can be directly billed and items that require preauthorization. **When a provider does not find a physician ordered item of DMS or DME on the Maryland Medical Assistance Approved List of Items, the provider should request the item through the preauthorization process.** Such a preauthorization request must be submitted on a DHMH 4527 form and the medical necessity of the item thoroughly documented. Such a request will be approved or denied on its merit.

Therefore, effective upon receipt of this transmittal, DMS and DME providers are to seek preauthorization of DMS and DME items in a uniform and consistent fashion for all Medical Assistance fee-for-service recipients served in the community. As all requests for DMS and DME must be considered on the basis of medical necessity, it will no longer be necessary to discretely identify Model Waiver, Private Duty Nursing (PDN) or Rare and Expensive Case

Management (REM) recipients from other Medical Assistance fee-for-service recipients in the community for whom DMS and DME are requested.

In all cases, DMS and DME providers must submit completed request forms (DHMH 4527s) when seeking preauthorization for DMS and DME items for non-HealthChoice (i.e., not enrolled in a Managed Care Organization) fee-for-service community-based recipients. Transmittal No. 41 issued June 17, 1991 is, therefore, rescinded and its instructions are no longer in effect.

Preauthorization requests must be signed by the ordering physician. **To facilitate timely submission of preauthorization requests, the Medical Assistance Program will consider this requirement met if a copy of the signed physician's order is submitted with a preauthorization request completed except for physician's signature. Additionally, a copy of a physician's telephone order legally executed in accordance with the tenets of the State's Nurse Practice Act may be substituted for a physician's order for purposes of securing preauthorization.** In both instances, the DMS or DME preauthorization request must be otherwise complete and conform in all respects to the physician's order. For this reason, this change may be most useful for routine items as assuring a perfect match between the order and the preauthorization request for custom items may be difficult.

The following information is provided to DMS and DME providers to facilitate the timely processing of preauthorization requests.

use the Eligibility Verification System (EVS) at 410-333-3020 or 1-800-492-2134 to ensure that the intended consumer is Medical Assistance fee-for-service eligible and not in a long term care facility or in a capitated service delivery system (e.g., Managed Care Organization, Health Maintenance Organization, etc.);

when requesting multiple DME items for the same consumer, attach an itemized list complete with the manufacturer's name, product number, product description and provider cost;

- when requesting DMS, please indicate the number of items per pricing unit (box, pack etc.); and

review the preauthorization request form (DHMH 4527) for completeness prior to submission. (For example: Is the request signed by a physician or accompanied by a copy of the physician's order? Is the medical necessity of the requested item fully explained?).

Note: Providers who are serving Model Waiver, PDN and REM recipients need to ensure that submitted DHMH 4527's are signed by the ordering physician or have attached the appropriate signature.

Remember, taking care to ensure that the preauthorization request clearly identifies the item(s) for which preauthorization is requested, clearly states the medical necessity of the requested item(s), and is otherwise complete will facilitate a more timely response from the Medical Assistance Program and enable both of us to better serve Medical Assistance recipients.

Questions regarding this transmittal should be directed to the supervisor of the Disposable Medical Supplies and Durable Medical Equipment program at 410-767-1739.