

Maryland Medical Assistance Program

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

Parenteral and Enteral Nutrition (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.

Yes, providers should complete the new PEN Authorization form after the active physician's order expires.

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, and DMS/DME providers will be allowed to bill under those authorizations. 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. Are providers required to enter the Invoice Control Number (ICN) on the PEN Authorization form?

No, previous versions of the PEN Authorization form requested the ICN, but the Maryland Department of Health (MDH) no longer requires this information. The

Utilization Control Agent (UCA) is aware of this update.

6. What are the timeframes associated with the PEN 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.

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

Providers should submit PEN requests in a similar way to other DMS/DME requests, via the Qualitrac Provider Portal. PEN requests should be entered under Review Type "DME," Place of Service "Home" or "Outpatient," under Type of Service "Nutritional Supplement," and Timing "Concurrent." The PEN Authorization form and medical documentation should be uploaded with the request.

8. Should providers submit regular DME in the same request as PEN items and services?

No, providers should submit PEN requests separate from other DMS/DME requests.

9. Should providers submit PEN items and services as recertifications if the provider does not have a record of a prior physician's order or certification?

Providers should only submit PEN requests as recertifications if they can attest to and provide documentation of a previous physician's order with an end date. The exception (where providers may not have documentation) is if the UCA has alerted the provider of an existing authorization period and requests that the provider enter the recertification at that authorization's expiration.

10. Should providers submit PEN items and services as revised if the provider does not have a record of a prior physician's order or certification?

Like recertification, providers should only submit PEN requests as revisions if they can attest to and provide documentation of a previous physician's order. Providers should use revisions to change an existing order, so there must be a record to revise. The exception (where providers may not have documentation) is if the UCA has alerted the provider of an existing authorization and requests that the provider enter the new submission as a revision to the previous.