STATE OF MARYLAND
DHMH

Office of Health Services
Medical Care Programs

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

June 6, 2007

Dear Provider:

On January 4, 2006, the Maryland Medicaid Durable Medical Equipment Program (Program) issued clarification of its 30 day limitation requiring providers to submit requests for medical supplies and equipment no later than 30 days from the date of service. The Program now further clarifies this issue pertaining to late requests for medical supplies.

Effective immediately, for requests for payment of medical supplies received by the Program beyond the 30 day limitation, the late month(s) of service, full or partial, will not be considered for reimbursement. However, the next full month following the "30 days prior" date through the end of the date of service requested will be reviewed for payment. For example, if a request for medical supplies is received on June 10 and the first date of service is March 23, the Program will approve service beginning May 23. May 23 is the first service date following the beginning of the 30-day window (May 11). (Please see the attached sample).

Should you have questions, please feel free to contact staff of the Durable Medical Equipment Unit at 410-767-1739. Thank you for your continued service to Maryland Medicaid beneficiaries.

Sincerely,

Simone Cook
Supervisor
DME/DMS/OXY

attachment

# MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## PREAUTHORIZATION REQUEST FORM

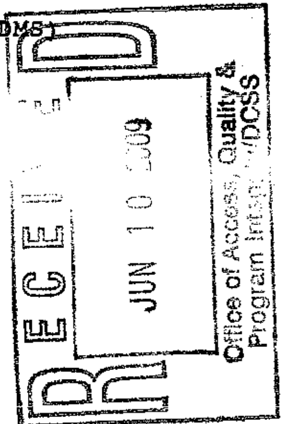
Patient Location: Home ___ Nursing Home ___ Hospital In-Patient___ Discharge Date ___________

SECTION IV - Preauthorization Line Item Information

| | NAME OF ITEM | PROCEDURE CODE | DATES OF SERVICE FROM | DATES OF SERVICE THRU | REQUESTED UNITS | REQUESTED AMOUNT | AUTHORIZED UNITS | AUTHORIZED AMOUNT |
|---|---|---|---|---|---|---|---|---|
| 1. | "requested" | | 3/23/07 | 3/22/07 | 12 | $ | | $ |
| 2. | "authorized" | | 5/23/07 | 3/22/07 | 10 | $ | | $ |
| 3. | | | __/__/__ | __/__/__ | | $ | | $ |
| 4. | | | __/__/__ | __/__/__ | | $ | | $ |
| 5. | | | __/__/__ | __/__/__ | | $ | | $ |
| 6. | | | __/__/__ | __/__/__ | | $ | | $ |

SECTION V - DETAILED ITEM Information

| | MFGR | MODEL/PRODUCT NUMBER | SINGLE UNIT PRICE | AMT PER PKG (IF DMS) |
|---|---|---|---|---|
| 1. | | | $ | |
| 2. | | | $ | |
| 3. | | | $ | |
| 4. | | | $ | |
| 5. | | | $ | |
| 6. | | | $ | |




All equipment purchased by the Department for the patient's use remains the property of the Department of Health and Mental Hygiene. Patient is requested to contact the Medical Assistance Program when equipment is no longer needed.

Item Received by ______________________________ Date ________________
Signature of Recipient or his Agent