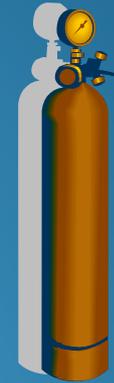


Maryland Medicaid

Durable Medical Equipment/Disposable Medical
Supplies/Oxygen and Related Respiratory Services
(DME/DMS/OXY)



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Introduction

The purpose of this presentation is to provide useful information regarding the function of the DME/DMS/OXY Unit



DME/DMS/OXY

- What is our mission?
- What we do?
- What is the typical process?
- Who is covered?
- What is covered?
- FAQs

What is our mission?

Our mission is to ensure that Maryland Medicaid fee-for-service recipients have access to *medically necessary* medical equipment, medical supplies, oxygen, and related respiratory equipment to meet their health needs in the home, school, or place of employment

What we do

Implement, develop and update the Code of Maryland Annotated Regulations (COMAR)

- DME/DMS-COMAR 10.09.12

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.09.12.*

- OXY-10.09.18

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.09.18.*

We maintain the DME/DMS/OXY website where you can find important provider information, i.e. memos, APL, PA form

- <https://mmcp.dhmf.maryland.gov/communitysupport/SitePages/Home.aspx>

What we do

DME/DMS/OXY is responsible for processing, on a monthly basis, approximately 600-650 preauthorization (PA) requests for medical equipment, supplies, oxygen and related equipment for Medicaid fee for service recipients. Including services not requiring preauthorization, the Program reimburses over \$45M annually.

Who is covered?

All Maryland Medicaid Fee-for-Service and Healthchoice* recipients can receive DME/DMS/OXY services. This includes:

- Dual eligible recipients
- Recipients enrolled in waiver programs
- Recipients residing in assisted living facilities
- Recipients residing in group homes
- Recipients participating in adult day care

*Please call the Manage Care Organization(MCO) of recipients enrolled in Healthchoice for specific coverage questions.

Always verify eligibility by calling **800.445.1159

Who is covered?

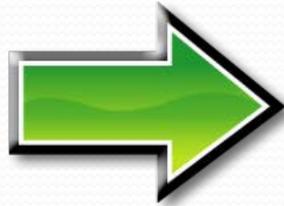
Recipients who are **NOT** eligible include:

- Recipients residing in nursing homes
- Recipients receiving inpatient hospital services
- Recipients receiving hospice services
- Recipients who have family planning only coverage
- Recipients who have SLMB** Medicare coverage

*Always verify eligibility by calling **800.445.1159**

**SLMB-Specified Low Income Medicare Beneficiary-MA only covers Medicare premiums

What is the typical process?



*After seeing the physician and receiving a prescription, the recipient takes the prescription to the DME provider.. The provider will determine whether the item(s) require PA. If it does, the provider will complete the PA form and forward it to DHMH

What is covered?

Maryland Medicaid covers over one thousand items*/services**. Please see the Approved List of Items(APL) at <https://mmcp.dhmf.maryland.gov/communitysupport/SitePages/approvedlist.aspx>.

Providers may also request a copy of the APL at dcms.dhmf@maryland.gov or by calling 410.767.1739

*The Program reimburses specific items not specific brands

**The Program does not reimburse duplicate or similar items

FAQs

Should the provider bill the waiver programs for DME/DMS/OXY services?

- Always bill the DME/DMS/OXY program before billing the waiver programs. If your request is denied, then you can request the item through the waiver programs

Where does the provider send PA requests?

- Please send requests to the address at the bottom of the request form (DHMH-4527)

How are providers notified when a PA has been received?

- Once received and entered in to the system, the provider receives an auto generated letter with the assigned PA number

FAQs

How long does it take to process PA request?

- It generally takes 30-45* days to process a request

How do you check the status of a request?

- You can request status by faxing the information to 410.333.5052 or emailing dhmh.dcss@maryland.gov *

How do you contact the unit?

- Please call 410.767.1739 to speak with a staff specialist, or via email at dhmh.dcss@maryland.gov

*Please allow 30 days before requesting status of a received PA. Status requests are replied to every Wednesday. Please include provider number, recipients name, MA #, pending PA number(if available), date of service, and item requested in your request

FAQs

How can the recipient find a DME Provider in their area?

- He/she can call the unit, and the administrative staff will assist you with your request

Where can the provider find billing instructions for the CMS-1500 form?

- For billing instructions please visit:

<https://mmcp.dhmf.maryland.gov/Documents/CMS1500%20Billing%20Instructions%20CMS1500%20April%202014.pdf>

Where does a provider call with questions or issues with the processing of claims?

- The provider can call Provider Relations at 410.767.5503