

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Director

DHCF Transmittal # 09-12

TO: District of Columbia Medicaid Providers of Durable Medical Equipment,  
Prosthetics, Orthotics, and Supplies

FROM: Julie Hudman, Ph.D. *John M. Cantley for*  
Director

DATE: May 15, 2009

SUBJECT: **Transition of Prior Authorization Process for Durable Medical Equipment,  
Prosthetics, Orthotics and Supplies covered under the District of Columbia  
Fee-for-Service (FFS) Medicaid program**

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Beginning June 15, 2009, the District of Columbia (DC) Medicaid program will use its federally certified Quality Improvement Organization (Delmarva Foundation for Medical Care, Inc.) to conduct prior authorization reviews of requests for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DME/POS) provided through DC's Fee-for-Service Medicaid program. Previously, these authorization reviews were conducted by Department of Health Care Finance (DHCF) staff.

**Under this revised system, beginning on June 15, 2009, all prior authorization requests for DME/POS must be faxed to Delmarva Foundation, using the existing 719A Form, at 1-866-906-3292.** Delmarva Foundation will process completed prior authorization requests for DME/POS included in DC Medicaid's current fee schedule within five (5) business days. Completed prior authorization requests for DME/POS not included in the current fee schedule will be processed within ten (10) business days. Submission of a 719A Form containing an imprecise HCPCS procedure code, such as a miscellaneous "99" code, will delay the processing of your prior authorization request. The full policy and procedures on the revised steps of DME/POS prior authorization is attached.

Transferring this function to Delmarva Foundation allows DC's Medicaid program to ensure that individuals with the strongest clinical expertise in this area are involved in the clinical review process. The Delmarva Foundation's Prior Authorization Unit, referred to as the QIO Prior Authorization Unit, will conduct these reviews to ensure that requested services are medically necessary and consistent with current DC Medicaid coverage policy. As required prior to the transfer of this function to Delmarva, requests for certain DME/POS (i.e. DME/POS in excess of certain cost levels) must be reviewed and approved **before** services are rendered. An authorization number will be issued upon the completion of each review by Delmarva. This authorization number must be present on the claim submitted to receive payment.

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DHCF's Utilization Management unit will provide monitoring and oversight of the process to ensure that it is conducted in accord with the procedures attached to this transmittal. Attachments to this transmittal include:

- (1) Policies and Procedures for the transferred authorization process for DME/POS;
- (2) A list of contacts providers can call or email for questions, concerns or additional instruction; and
- (3) A list of DME/POS procedure codes that require authorization prior to the services being rendered.

Delmarva Foundation is hosting an orientation on the revised DME/POS authorization process on June 3, 2009, from 1 – 3pm at 825 North Capitol, NE, Washington, DC 20002. The orientation will be held in room 4131. Providers who attend will meet the point of contacts for the DME/POS authorization process and gain clarity on the revised steps of the process, if needed. Please confirm your attendance at this orientation by contacting Delmarva's Peggy Chisolm at 202-496-6572.

**If you have questions regarding your submitted authorization request(s) on or after June 15, 2009, please contact Joelle Talley, of the Delmarva Pre-Authorization Unit, at 1-800-638-6415.**

If you have any concerns with this revised procedure as we go forward, please contact Ms. Robin Revels-Fitzhugh, Director of DC Medicaid Programs, Delmarva Foundation, on 202.496.6564 or via e-mail at [fitzhughr@dfmc.org](mailto:fitzhughr@dfmc.org). In the event Ms. Revels-Fitzhugh is not available, please contact Dena Hasan, Public Health Analyst, Department of Health Care Finance, on 202-724-4178 or at [dena.hasan@dc.gov](mailto:dena.hasan@dc.gov).

Attachments

cc: Dena Hasan, Department of Health Care Finance, Utilization Management  
Delmarva Foundation for Medical Care, Inc.

**CONTACT LIST FOR ADDITIONAL INFORMATION AND GUIDANCE  
ON MEDICAID SERVICE AUTHORIZATIONS**

**QIO PRIOR AUTHORIZATION UNIT  
DELMARVA FOUNDATION FOR MEDICAL CARE, INC.**

Contact	Joelle Talley
Hours of Operation	Monday – Friday 8:00a.m. – 5:00 p.m.
Phone	1-800-638-6415
Fax	1-866-906-3292 ( <i>For the submission of all prior authorization requests, via the 719A Form</i> )

Please contact Robin Revels-Fitzhugh, the Delmarva Director of DC Medicaid Programs, if inquiries are not adequately answered by the QIO Prior Authorization Unit or Joelle Talley.

Phone	202-496-6564
Email	<a href="mailto:fitzhughr@dfmc.org">fitzhughr@dfmc.org</a>

**AFFILIATED COMPUTER SERVICES (ACS)  
PROVIDER RELATIONS DEPARTMENT**

**For training and guidance on completing the 719A Form and for billing questions**

Hours of Operation	Monday – Friday 8:00a.m. – 5:00 p.m.
Phone	202-906-8319 (inside DC Metro area) 1-866-752-9233 (outside dc Metro area)

**DEPARTMENT OF HEALTH CARE FINANCE**

**For issues that have not been resolved by the QIO Prior Authorization Unit or  
the Delmarva Director of DC Medicaid Programs**

Contact	Dena Hasan
Hours	Monday – Friday 8:00a.m. – 5:00 p.m.
Phone	202-724-4178
Email	<a href="mailto:dena.hasan@dc.gov">dena.hasan@dc.gov</a>