GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Director

DHCF Transmittal No. 09-14

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

FROM: Julie Hudman, Ph.D.
Director

DATE: June 15, 2009

SUBJECT: **Clarification on Provider Enrollment Requirements and Certain Prior Authorization Procedures for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DME/POS) Reimbursement under the DC Medicaid Fee-for-Service Program**

This Transmittal clarifies the Department of Health Care Finance (DHCF) policy on certain aspects of prior authorization and claims processing for DME/POS.

Providers that bill for DME/POS *must* be enrolled in the DC Medicaid Fee-for-Service (FFS) program for prior authorization approval and claims processing; however, there is no enrollment mandate for providers that prescribe DME/POS (i.e. 'requesting provider') for DC Medicaid beneficiaries. Billing providers may receive prior authorization approval and reimbursement for DME/POS that is prescribed by a provider not enrolled in the DC Medicaid FFS program. For example, a DC Medi*caid* provider may seek reimbursement for DME/POS prescribed by a provider that is only enrolled under Medi*care*.

When requesting prior authorization via the 719A form, Box 2 of this form must include the name, service location, address and phone number of the provider that prescribes the product for the Medicaid beneficiary. In addition, Box 15 of the 719A form must also include the signature of the requesting provider.

As a reminder, as stated in the DHCF Transmittal #09-12, dated May 15, 2009, authorization for certain DME/POS (i.e. DME/POS in excess of certain cost levels) must be obtained *before* services are rendered. Guidelines on which DME/POS require prior authorization are also included in Transmittal #09-12. If a request for prior authorization is granted, an authorization numbered will be issued. Claims submitted for certain DME/POS that do not include a prior authorization number will be denied for payment.

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In addition, historical policy requiring providers to request prior authorization for DME/POS via an original 719A form, with a red tracking number, is revised. Prior authorization requests for DME/POS may be submitted via copied 719A forms. Providers may obtain these forms by calling DHCF's fiscal agent, Affiliated Computer Services, at 202-906-8319.

If you have any questions or concerns, please contact Dena Hasan, Public Health Analyst, Health Care Accountability Administration, DHCF, on 202-724-4178 or at Dena.Hasan@dc.gov.

cc: DHCF Health Care Accountability Administration
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