


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



Office of the Senior Deputy Director

**DHCF Transmittal 14-26**

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

**FROM:** Claudia Schlosberg, J.D.   
Acting Senior Deputy Director – Medicaid

**DATE:** SEP 22 2014

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

---

Transmittal #09-12, dated May 15, 2009, communicated policies and procedures related to the prior authorization process for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) provided through the District of Columbia's (DC'S) Fee-for-Service (FFS) Medicaid program. The May 15, 2009 transmittal also communicated the transfer of this function to the DC Medicaid program's federally certified Quality Improvement Organization (Delmarva Foundation).

This new transmittal communicates revisions to the Policy and Procedures contained in Transmittal #09-12 to incorporate procedures on the proper way to complete and submit a 719A Form for both the requesting (prescribing) provider and the DMEPOS (billing) provider. The full policy and procedures on the revised steps of DMEPOS prior authorization are attached. This new transmittal will also communicate the change in DC Medicaid's federally certified Quality Improvement Organization to Qualis Health. Qualis Health's information is also attached.

If you have questions about these changes, please contact Cavella Bishop, Program Manager for the Division of Clinicians, Pharmacy, and Acute Provider Services at the Department of Health Care Finance via e-mail at [cavella.bishop@dc.gov](mailto:cavella.bishop@dc.gov). Please do not send protected health information (PHI) via e-mail.

CONTACTS FOR ADDITIONAL INFORMATION AND GUIDANCE ON MEDICAID  
SERVICE PRIOR AUTHORIZATIONS

QIO PRIOR AUTHORIZATION UNIT QUALIS HEALTH	
Contact List	<a href="http://www.qualishealth.org/healthcare-professionals/dc-medicaid/contacts">http://www.qualishealth.org/healthcare-professionals/dc-medicaid/contacts</a>
Hours of Operation	Monday – Friday 8:00a.m. - 5:00p.m.
Phone	1-800-251-8890
DME Fax	1-800-266-8304
E-mail	<a href="mailto:dcproviders@qualishealth.org">dcproviders@qualishealth.org</a>
Provider portal	<a href="https://qualishealthpp.zeomega.com/cms/ProviderPortal/Controller/providerLogin">https://qualishealthpp.zeomega.com/cms/ProviderPortal/Controller/providerLogin</a>
Main address	PO Box 34800 Washington DC 20043
XEROX PROVIDER RELATIONS DEPARTMENT	
For training and guidance on completing the 719A Form and for billing questions	
Hours of Operation	Monday – Friday 8:00a.m. – 5:00p.m.
Phone	202-906-8319 (inside DC Metro area) 1-866-752-9233 (outside DC Metro area)

HEALTH CARE DELIVERY MANAGEMENT ADMINISTRATION	POLICY AND PROCEDURES
Subject: REVISED: Policy and Procedure of 719A Form completion and submission	

**Purpose:**  
This policy and procedure update is to inform both requesting and billing providers on the proper procedure in completing and submitting the 719A Form for prior authorization.



## Policy:

The District of Columbia Department of Health Care Finance's (DHCF) Medicaid program pays for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) that are required to aid or improve activities of daily living, when such DMEPOS are prescribed by a physician or authorized prescriber (requesting provider) and are deemed medically necessary.

As stated in the DC Medicaid State Plan (Supplement 1 to Attachment 3.1.A, Page 20B) prior authorization is required for:

- Prosthetic devices not included within the DHCF fee schedule; and
- Medical supplies and equipment in excess of specific limitation, i.e., cost, rental or lease equipment, and certain procedure codes.

DHCF's DMEPOS Billing Manual further states that a prior authorization is required for:

- Durable medical equipment costing more than \$500.00;
- Repair of purchased equipment that exceeds 75% of the purchase price of the equipment; and
- Equipment rental.

## Procedure:

### I. Requesting (Prescribing) Provider Requests DMEPOS:

- Every requesting provider is to complete fields, listed below, of the 719A Form by identifying the appropriate Current Procedural Terminology (CPT) codes and/or Healthcare Common Procedure Coding System (HCPCS) codes for the DMEPOS; in addition to providing the justification supporting the need for the requested DMEPOS:
  - 1A-F,
  - 2A-E,
  - 3,4,5,6,7,8,10,13, and
  - 15A-B
- The requesting provider transmits (via web portal or fax) the 719A Form and clinical documentation that supports the requested services to the billing provider; or gives the 719A Form to the beneficiary for deliver to the billing provider.

### II. DMEPOS Billing Provider Forwards the 719A Form to QIO Prior Authorization Unit

When the billing DMEPOS provider receives the 719A Form from either the requesting provider or from the beneficiary, the DMEPOS billing provider:

- Inserts its business name and **BOTH** DC Medicaid provider ID number and National Provider Identification number (NPI) in the upper right hand corner of the 719A. This information **SHOULD NOT** be entered in section 2 of the 719A Form,
- ONLY completes section 11 of the 719A Form by estimating the customary and usual charges for the requested service or equipment.**
- Transmits the 719A form to the QIO Prior Authorization Unit via web portal or fax.
- Stamps or writes "IDD", "DDA", or "MRDD" on the 719A Form if the prior authorization request is for beneficiaries in the IDD Waiver Program.

- e) When using a miscellaneous code, include the manufacturer's quote, invoice or paid receipt with the 719A form, in addition to the other required documentation.
- f) Payment for services and supplies is rendered in accordance to the fee schedule.
- **DMEPOS billing providers should never alter, add, and /or change any of the information designated for the prescribing provider.**
- **Any alterations made by the DMEPOS provider after the 719A Form has been signed by the prescribing provider could lead to denial of claims, action seeking monetary sanctions against the DMEPOS provider, and possible criminal charges.**
- **Failure to comply with these provisions will assist the government by putting DMEPOS providers on notice that such practices are prohibited and will assist government enforcement efforts against DMEPOS providers who alter prior authorization requests.**