

■ Medical Access Program ■
MEDICAL SUPPLY ROUTE COVER

- ❖ Cover sheet **MUST BE ATTACHED** when faxing a Medical Supply Request Form.
- ❖ If you are an in-network provider and the ITEM(S) is a covered benefit for the Medical Access Program (Adult Benefit Waiver, ABW), **DO NOT** fax the Request Form.
- ❖ Choose from the exceptions below on why you need prior authorization.
- ❖ **A CURRENT PRESCRIPTION OR ORDER FROM THE PHYSICIAN IS REQUIRED ON ALL REQUESTS.**

*Please follow the ABW guidelines in the Medicaid Provider Manual.
The manual gives any additional requirements.*

YOU NEED TO CHECK THE APPROPRIATE BOX(ES) BELOW.

TO CLAIMS:

- ❖ **Include the acquired and retail cost** on ALL Penny Fee/Miscellaneous codes.
(An example is the invoice or catalog page.)
- ❖ **A current prescription** from the ordering physician is required.

- Penny Fee/Miscellaneous Code \leq \$250.00**

TO CLINICAL:

- ❖ **Include the acquired and retail cost** on ALL Penny Fee/Miscellaneous codes.
(An example is the invoice or catalog page.)
- ❖ **Include CURRENT supporting clinical documentation AND a prescription** from the ordering physician.
(An example of supporting clinical would be progress notes from the physician. An Rx by itself is not clinical documentation.)

- Penny Fee/Miscellaneous Code $>$ \$250.00**
- Benefits Not Meeting MDCH Limitations**
- Out-of-Plan Provider**
- Diagnosis Code Does Not Meet MDCH Guidelines**

YOU MUST INCLUDE ALL DOCUMENTATION FOR REQUEST TO BE PROCESSED.

To check the Michigan Medicaid Fee Schedule go to www.michigan.gov/mdch/. Under Search, enter **Provider Specific Information**. Click on **MDCH- Provider Specific Inform**. Scroll down to **Medical Suppliers/DME Dealers** and click on the most current date. You can Search for the **Medicaid Provider Manual** the same way. Call if questions.

Medical Access Program Customer Service
1-800-835-2556