



MaineCare Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
MaineCare Services
Prior Authorization Unit
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-6902; 1-866-796-2463
Fax: (207) 287-7643
TTY: 1-800-423-4331

Provider Instructions for requesting Intermittent Positive Pressure Breathing Equipment

Policy: Chapter II, Section 60 (Durable Medical Equipment Supplies/Repair)

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

**To request this item, please fill out the Durable Medical Equipment Prior Authorization form (MA56)
which can be downloaded at:**

http://www.maine.gov/dhhs/bms/providerfiles/pa_inst_sheets_forms.html

**Please allow up to 30 calendar days from the date the request is received in the
Prior Authorization Unit to review and make a decision.**

Documentation required from the Durable Medical Equipment provider:

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Repair).
- Signed, dated doctor's orders, less than one year old.
- Documented clinical criteria from prescribing physician/Primary Care Provider (PCP), see below.
- Manufacturer's invoice is needed for each procedure code listed, showing the dealer's adjusted acquisition cost. Invoice must match the itemized parts list on the Prior Authorization form pricing and description fields.

PA Criteria To Approve Request (Refer to Appendix in Section 60 for more details)

Physician or Primary Care Provider (PCP) must document the following clinical criteria:

- ✓ Intermittent Positive Pressure Breathing (IPPB) equipment is authorized only with medical necessity documented by a physician or primary care provider (PCP).

Request will be Deferred (need additional information) when:

- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- Invoice or Prior Authorization form was not submitted.

Request will be Denied when:

- Member does not meet policy criteria.
- Requested/Deferred information was not received within 30 days.
- Device model is a type used only in a clinical setting and is not suitable for use in the home.