MEMORANDUM

To: Audiology Service Providers
From: Margaret Berman  
Division Chief, Division of Children’s Services
Subject: Audiology Services Correction Form
Date: November 13, 2018

Effective immediately, providers should complete a correction request form if a change is needed to information that was submitted on the preauthorization request, such as provider name and number or dates of service. If a change is needed, please complete the attached Audiology Provider Corrections Form and fax it to Telligen at 1-888-297-4276. This form can also be found at the following websites:

Please do not submit a new review request through Qualitrac in order to make a correction to a previously submitted preauthorization request. This will create a duplicate preauthorization number which may cause delays in payment.

If you have any questions, please contact Stephanie Hood at 410-767-3998 or email stephaniehood@maryland.gov.
Audiology Provider Correction Form Instructions

The Audiology Services Correction Form can be used by audiology providers to request changes to dates of service and any other corrections for Qualitrac audiology preauthorization requests.

1. The audiology provider will access the Telligen website at: http://www.telligenmd.qualitrac.com to find the Correction Form and cover sheet under the document library tab.

2. Provider completes the fillable PDF form and faxes it to Telligen at 888-297-4276.

3. Complete the Correction Form and cover sheet in its entirety. Incomplete information will not be processed.

4. Once the correction is received, Telligen will have 7 business days to complete the request.

5. The audiology provider will be notified by email when the correction was sent to the Department or if it was rejected. **Telligen will only send the email to the contact listed on the correction form.**

6. The Department will manually make the requested correction in MMIS.

7. The requested correction will not be changed in Qualitrac; however, Telliggen staff will attach a copy of the accepted or rejected correction request to the associated Reference ID.

Should you have any questions, please contact Telligen's Support Center at 888-276-7075 or email marylanducsupport@telligen.com.
Audiology Services Correction Request Form
Please complete the form and fax to Telligen at 888-297-4276

Date of Audiology Correction Request: ________________________________

Provider Name: ____________________________ Provider Number: ______________

Patient’s Name: ________________________________

Patient’s MA Number: ____________________________________________

Authorization Number: ___________________________________________

Date of Service: _________________________________________________

Request/Case ID Number: _________________________________________

Contact Name: __________________________________________________

Contact Phone Number: ___________________________________________

Contact Fax Number: _____________________________________________

**Contact Email Address (REQUIRED): ________________________________

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 888-276-7075.

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Audiology Services Correction Request Form
Please complete the form and fax to Telligen at 888-297-4276

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<thead>
<tr>
<th>Audiology Correction:</th>
<th>Current Information:</th>
<th>Change Information to:</th>
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- [ ] Date of Service
- [ ] Provider Name or Number
- [ ] Other
- [ ] Appeal/Hearing Outcome (Internal Use Only)

Patient’s Last Name: ____________________________

Telligen Reviewer: ________________ Date: ____________ [ ] Accepted [ ] Rejected