

Laboratory Preauthorization Decision Procedure

It is the provider's responsibility to check EVS prior to rendering services to ensure participant's eligibility for a specific date of service.

Step 1: Verify the participant's eligibility by either:

- Calling the Medicaid EVS hotline at 1-866-710-1447 and following the instructions; or
- Logging into the Web-EVS system through eMedicaid at <http://emdhealthchoice.org>. Providers must be enrolled in eMedicaid to utilize this option.

Note: To enroll in eMedicaid, go to the URL above and select Services for Medical Care Providers and follow the login instructions. If you need information, please visit the website or, for provider application support, call 410-767-5340.

Step 2: Determine whether the participant has coverage through both Medicaid AND Medicare.

- If yes, do not continue with the preauthorization process. Submit the claim to Medicare for processing.
- If no, proceed to the next step.

Step 3: Determine whether the participant has coverage through the Medicaid HealthChoice program.

- If Yes, call the participant's HealthChoice MCO to obtain the needed preauthorization; or
- If No, proceed to the next step.

Step 4: Access the Provider information on the Maryland Health Department webpage <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, scroll down to the **Dental and Laboratory Information** section and select the most recent Laboratory Services Fee Schedule. Locate the CPT procedure codes the participant is planning to receive. In the "**PA Required**" column next to your code, determine whether it is blank or if it has the letter "P".

- If blank, then the procedure does not require preauthorization through Maryland Medicaid; or
- If an indicator "P" is present then a preauthorization is required. Click on the P to access the review process for the CPT code selected.
- If preauthorization is required, go to the [Preauthorization Information](#) page to access the Preauthorization Request Form for Laboratory Services. Once completed, fax it to:

**Preauthorization Review Unit
Acute Care Administration
(410) 767-6034**