

# Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form Instructions

## General Instructions

This form must be completed and signed as outlined in the instructions below before DME/medical supplies providers contact TMHP Home Health Services for prior authorization. Fax completed form to (512) 514-4209.

Either the rendering DME supplier/Medicaid provider or the requesting physician or allowed practitioner may initiate the form. This completed form must be retained in the records of both the DME supplier/medical provider and the requesting physician or allowed practitioner, and is subject to retrospective review. This form becomes a prescription when the physician or allowed practitioner has signed section B. With the exception of the DME provider's signature, this form may not be altered or amended once it is signed by the requesting physician or allowed practitioner.

**Note:** *This form cannot be accepted beyond 90 days from the date of the requesting physician or allowed practitioner's signature.*

Fields marked with an asterisk below indicate an essential/critical field. If these fields are not completed, your prior authorization request will be returned.

## Section A: Requested Durable Medical Equipment and Supplies

The rendering provider or requesting physician or allowed practitioner can complete Section A. Include the most appropriate procedure code description using the Healthcare Common Procedure Coding System (HCPCS). Codes used below are for example only. In addition, include the appropriate quantity and the manufacturer's suggested retail price (MSRP) if the item requires manual pricing. A price is not required for those items with a maximum fee listed in the Texas Medicaid Fee Schedule. The appropriate box must be completed to indicate whether this section was completed by the physician or allowed practitioner or the rendering provider. If the item requested is beyond the quantity limit or a custom item, additional documentation must be provided to support determination of medical necessity.

For wheeled mobility systems or major modifications to a wheeled mobility system, the supplier or Qualified Rehabilitation Professional (QRP) must complete the QRP name, QRP NPI, QRP address, QRP Tax ID, benefit code and taxonomy fields.

## Example of Durable Medical Equipment and Supplies

Item Number	HCPCS Code*	Description of DME/medical supplies	Qty.*	Price
1	J-E1XXX	Appropriate HCPCS code description	1	\$50.00
2	J-E1XXX	Appropriate HCPCS code description	1	\$2500.00
3				
4				

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## Examples of Supplies

Item Number	HCPCS Code*	Description of DME/medical supplies	Qty.*	Price
1	9-A4XXX	Appropriate HCPCS code description	2 boxes	N/A
2	9-A4XXX	Appropriate HCPCS code description	1 box	N/A
3	9-A4XXX	Appropriate HCPCS code description	1 box	N/A
4				

The *Addendum to the Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form* must be used when prescribing more than 4 items. The *Addendum to the Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form* must accompany the *Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form*.

**Note:** *Addendums received without this form will not be accepted.*

**Reminder:** *Home health services are not a benefit for clients residing in a nursing facility, hospital, or intermediate care facility.*

**Note for DME:** *The DME company must also complete the DME Certification and Receipt Form. All equipment is to be assembled, installed, and used pursuant to the manufacturer's instructions and warning.*

## Section B: Diagnosis and Medical Information

**Section B is a request for DME/supplies and must be filled out by the requesting physician or allowed practitioner.**

The requesting physician or allowed practitioner must indicate the corresponding item number requested from Section A, appropriate diagnosis code with a brief description, and complete justification for determination of medical necessity for the requested item(s). If applicable, include height/weight, wound stage/dimensions and functional/mobility.

The physician or allowed practitioner is not required to repeat the procedure code or description of the requested DME or supplies in this section.

**Note:** *The date last seen must be within 6 months of the start of services.*

The requesting physician or allowed practitioner must indicate the duration of need for the supplies/DME. The estimated duration of need should specify the amount of time the supplies/DME will be needed, such as six weeks, three months, lifetime, etc. The requesting physician or allowed practitioner's NPI and license number must be indicated.

**Note:** *Signatures from chiropractors will not be accepted. Signature stamps and date stamps are not acceptable.*

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## Diagnoses

Providers must use an appropriate diagnosis code for all prior authorization requests. Codes used below are for example only.

Item Number <sup>2</sup> (From Section A)	Diagnosis Code	Brief Diagnosis Descriptor	Complete justification for determination of medical necessity for requested item(s) <sup>2</sup> (Refer to Section A, footnote 1)
1,2	I6XXX	Appropriate diagnosis description	Unable to get in and out of the tub or shower.
2	I6XXX	Appropriate diagnosis description	Need swing-away arms and legs for transfer secondary to hemiparesis and need oversize chair for clients weighing 400 lbs.

1. Refer to Footnote 1 of the Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form.
2. Refer to Footnote 2 of the Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form.

## Examples of Supplies

Item Number <sup>2</sup> (From Section A)	Diagnosis Code	Brief Diagnosis Descriptor	Complete justification for determination of medical necessity for requested item(s) <sup>2</sup> (Refer to Section A, footnote 1)
1,2,3	E1XXX	Appropriate diagnosis description	Client has frequent variation of blood glucose levels and needs monitoring several times a day.

1. Refer to Footnote 1 of the Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form.
2. Refer to Footnote 2 of the Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form.