

New Respiratory Prior Authorization (Fee-For-Service) Forms to be Effective March 1, 2017

Summary of Form Changes

The following changes have been made to the Texas Medicaid prior authorization forms related to respiratory equipment and supplies:

- Providers will only be required to submit the [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#) to request prior authorization for certain respiratory services.
- New prior authorization forms have been created for certain home health respiratory DME or medical supplies
- Three prior authorization forms related to respiratory services will be discontinued.

New Prior Authorization (Fee-For-Service) Forms

The following new forms will be available on this website on January 2, 2017; however, the forms will not be effective until March 1, 2017:

- “Texas Medicaid Prior Authorization Request for Oxygen Therapy Devices and Supplies” (Form #F00144)
- “Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearance Devices-Initial Request” (Form #F00145)
- “Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearance Devices-Renewal Request” (Form #F00146)
- “Texas Medicaid Prior Authorization Request for CPAP or RAD (BI-level PAP)” (Form #F00147)

The new forms listed above include the necessary fields for requesting durable medical equipment (DME) and medical supplies for respiratory services and eliminate the need to submit both the [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#) and a corresponding certificate of medical necessity. As such, the certificates of medical necessity listed below will be discontinued as of February 28, 2017:

The following forms will be discontinued as of December 31, 2016:

- [Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form-Extended Request](#) (Form #F00037)
- [Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form-Initial Request](#) (Form #F00038)
- [Medicaid Certificate of Medical Necessity for CPAP/BIPAP or Oxygen Therapy Form](#) (Form #F00039)
- [Pulse Oximeter Form](#) (Form #F00077)
- [Ventilator Service Agreement](#) (Form #F00094)

The new forms will be available as fillable PDFs on this website. For paper forms submitted to TMHP, the TMHP Prior Authorization Department will accept the previous version of each form through March 31, 2017. As of April 1, 2017, TMHP will only accept the most current version of the form as posted on the website. Previous versions of the forms submitted on or after April 1, 2017, will be returned to the provider with a request that the correct version of the form be submitted with all required documentation.

The TMHP Prior Authorization on the Portal (PA on the Portal) will be updated with the new forms effective March 1, 2017.

Summary of Prior Authorization (Fee-For-Service) Form Changes

The following table summarizes the form updates:

New/Updated Form (Effective March 1, 2017)	Respiratory Services	Age Group	Previous Form (End-dating)
Texas Medicaid Prior Authorization Request for Oxygen Therapy Devices and Supplies	Oxygen Therapy Devices and Supplies	Clients of any age	Medicaid Certificate of Medical Necessity for CPAP/BIPAP or Oxygen Therapy Form
Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearance Devices-Initial Request	Secretion and Mucus Clearing Devices-Initial Request	Clients of any age	Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form-Initial Request
Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearance Devices-Renewal Request	Secretion and Mucus Clearing Devices-Renewal Request	Clients of any age	Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form-Extended Request
Texas Medicaid Prior Authorization Request for CPAP or RAD (BI-level PAP)	CPAP or RAD (BI-level PAP)	Clients of any age	Medicaid Certificate of Medical Necessity for CPAP/BIPAP or Oxygen Therapy Form

Use of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form and CCP Prior Authorization Request Form

Providers are still required to submit the [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#) or the [CCP Prior Authorization Request Form](#) with prior authorization for the following respiratory services:

Form	Respiratory Services	Age Group
CCP Prior Authorization Request Form	<ul style="list-style-type: none"> • Long-term use of Pulse Oximeter (greater than one calendar month) • Respiratory equipment or supplies for clients who do not meet the criteria listed in the benefit article or who are requesting quantities above the set limitations 	Clients who are birth through 20 years of age
Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form	<p>Requires Prior Authorization</p> <ul style="list-style-type: none"> • Ultrasonic Nebulizers (USNs) • Cardiorespiratory Monitor (CRM) • Tracheostomy tubes • Compressors • Ventilator equipment • Controlled dose inhalation drug delivery system • Suction equipment • Humidification systems (procedure codes E0550, E0555, E0560, E0561, E0565, E0575) • Heating systems (E0562, E0585, E1372) • Bag and valve mask (BVM) resuscitator for client not on artificial respiration (procedure code E1399) • Respiratory equipment or supplies for clients who do not meet the criteria listed in the benefit article or who are requesting quantities above the set limitations 	Clients of any age

The following respiratory equipment and supplies do not require prior authorization within benefit limitations. These items do require a [Home Health Services \(Title XIX\) Durable Medical Equipment \(DME\)/Medical Supplies Physician Order Form](#) to be completed, signed, and dated by the client's treating physician and must be maintained in the client's medical record:

- Small Volume Nebulizers (SNV)
- Nebulizer supplies
- Holding Chambers (Spacers)
- Pulse oximeter (up to 1 calendar month)
- Tracheostomy supplies including inner cannulas
- Large Volume Nebulizers
- Ventilator supplies
- Heat moisture exchangers for client on artificial respiration (procedure code A4483)
- Tracheostoma filters for client not on artificial respiration, such as Thermavent-T (procedure code A4481)
- Bag and valve mask (BVM) resuscitator for client on artificial respiration (procedure code (S8999)

Specific Benefit Changes

Providers can refer to the following articles for additional information respiratory services benefits:

- Benefit Criteria to Change for Respiratory Equipment and Supplies Effective March 1, 2017
- Benefit Criteria to Change for Humidifiers, Heating Elements, Compressors, and Large Volume Nebulizers Effective March 1, 2017
- Cardiorespiratory Monitor (CRM) Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices (RADs) Including Bi-Level PAP Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Mechanical Ventilation Equipment, Tracheostomy Tubes, and Other Related Supplies Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Nebulizer Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Oxygen Therapy Benefit to Change for Texas Medicaid Effective March 1, 2017
- Secretion and Mucus Clearing Devices Benefit Criteria to Change Effective March 1, 2017