Reminder: Providers Must Submit Home Health Prior Authorization Requests with Complete and Accurate Information to Ensure Timely Processing

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Note: This article applies to claims submitted to TMHP for processing. For claims processed by a Medicaid managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, and reimbursement.

As a reminder, fee-for-service home health prior authorization requests that are submitted to TMHP must be submitted with all required information and documentation to be processed in a timely manner. If the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form is missing or if any of the following information is missing or incorrect, the prior authorization request will be voided and faxed back to the provider and will not be processed:

- Client name
- Client Medicaid Patient Control Number (PCN)
- Client date of birth
- Provider name
- Provider Texas Provider Identifier (TPI)
- Provider National Provider Identifier (NPI)
- Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure codes
- Quantity of service units requested based on the CPT or HCPCS procedure codes requested

If information (other than that listed above) is missing or additional documentation is required, the prior authorization request may be placed in pending status, and TMHP will contact the provider to request the additional information. If the requested information is not received within four business days, the client will also receive a letter indicating that TMHP has requested additional information from the provider. The provider will have seven calendar days from the date of the client letter to return the required information. If TMHP does not receive the requested information within the allotted timeframe, the prior authorization request will be denied as incomplete.

Requests that are denied for missing or incorrect information can be resubmitted when all deficiencies have been addressed. Requests that are resubmitted without the requested information or documentation will be considered duplicate requests and will not be processed.

Important: Providers must address all deficiencies identified by TMHP before resubmitting the prior authorization request.

Required Documentation

All required documentation including, but not limited to, the product’s manufacturer's suggested retail price (MSRP) and medical necessity documentation must be submitted at the same time as the prior authorization request. Missing or incorrect documentation
may cause a delay in processing the request. Home health providers are encouraged to work with the ordering physician to obtain the required information in a timely manner.

The product’s MSRP is required for services that are manually priced. The MSRP must be indicated in a document that is obtained from the manufacturer or other legitimate source. The MSRP cannot be handwritten or typed within the medical record or other documentation, and the submitted document cannot be one created by the home health provider.

The required medical necessity documentation is required for all durable medical equipment and home health services. The medical necessity documentation must include all information specified in the Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook for the specific services being requested.

To avoid a delay in the processing of the prior authorization request, all documentation must be complete and accurate. Missing or incomplete documentation may cause a delay in processing the prior authorization request.

For more information, call the TMHP Contact Center at 1-800-925-9126.