

Effective April 1, 2016: E-Signatures Accepted, Fillable Forms Available, and New Prior Authorization Webpage for Prior Authorization and Authorization Requests

Information posted February 12, 2016

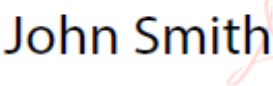
Note: This article applies to transactions submitted to TMHP for processing. For transactions processed by a Medicaid/CHIP managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, prior authorization, and reimbursement.

Effective April 1, 2016, Texas Medicaid Healthcare Partnership (TMHP) and the CSHCN Services Program will allow providers to use electronic or digital signatures when submitting prior authorization or authorization requests to TMHP for processing. Additionally, TMHP is converting the portable document format (PDF) versions of certain forms into fillable forms so that providers can type information into each field before printing, faxing, or mailing the form to TMHP.

Electronic Signatures

Effective April 1, 2016, TMHP will accept electronic or digital signatures on prior authorization forms and supporting documentation from prescribing or ordering providers, dispensing providers, clients' responsible adults, and clients.

An electronic or digital signature will be accepted by TMHP if the signature is derived using software that creates a digital signature logo with a system-generated date and time stamp or includes the logo of the digital software used. For example:

Provider Signature	
Provider printed name: John Smith	Date: 11/23/2015
 Digitally signed by John Smith DN: cn=John Smith, o=Nurses 123, ou, email=johnsmith@nurses123.com, c=US Date: 2015.11.23 21:14:51 -06'00'	
Provider Signature (stamped signatures not accepted)	

A signature will not be accepted by TMHP if the handwritten, electronic or digital signature provided is any of the following, including, but not limited to:

- A photocopy of a handwritten signature
- An ink stamp of a handwritten signature
- A typed signature without a digital stamp

System Requirements for Electronic Signatures

Providers can use the software of their choice to generate the electronic or digital signature and submit the prior authorization or authorization request and supporting documentation according to current practice as directed in the *Texas Medicaid Provider Procedures Manual* and the *CSHCN Services Program Provider Manual*.

Fillable Prior Authorization and Authorization Forms Available on the TMHP Website

Effective April 1, 2016, certain Texas Medicaid prior authorization forms and certain CSHCN Services Program prior authorization and authorization forms will be available on the TMHP website as fillable forms. These forms will contain fillable fields that will allow the user to type information in to each field. Providers will be able to download the PDF version of the form and complete the form electronically by typing into each field before printing, faxing, or mailing the form with all required documentation to TMHP for processing.

Providers can continue to use the Texas Medicaid and CSHCN Services Program Prior Authorization and Authorization forms they have recreated on their systems to complete them electronically. TMHP will continue accepting the recreated forms as well as other fillable versions that are currently accepted.

System Requirements for Fillable PDFs

Providers must use Adobe Reader® Version 11.0 or higher to use this new functionality of completing the forms electronically with fillable forms on the TMHP website.

Reminder: Providers can continue to download the forms and complete them by hand if the applicable version of Adobe Reader® is not available.

New Texas Medicaid and CSHCN Services Program Prior Authorization Web page Goes Live April 1, 2016

TMHP is creating a new TMHP Prior Authorization to house all authorization and prior authorization forms and submission instructions for Texas Medicaid and the CSHCN Services Program. The new page will go live on April 1, 2016. TMHP will make the forms listed below fillable and available on the new web page.

Texas Medicaid Prior Authorization Forms

The following Texas Medicaid prior authorization forms will be available as fillable forms on the new TMHP Prior Authorization web page:

- Addendum to Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form
- Ambulatory(Outpatient) Detoxification Authorization Request Form
- Ambulatory(Outpatient) Substance Use Disorder Counseling Extension Request Form
- Criteria for Dental Therapy Under General Anesthesia
- Donor Human Milk Request Form
- External Insulin Pump Prior Authorization Form
- Hereditary Breast and Ovarian Cancer (HBOC) Genetic Testing Prior Authorization Form: Client Informed Consent for Hereditary Cancer Genetic Testing
- Private Duty Nursing Prior Authorization Forms

- CCP Prior Authorization Request Form and Instructions
- Home Health Plan of Care (POC)
- Nursing Addendum to Plan of Care (POC)
- Request for services for over 6 months require CCP Prior Authorization Private Duty Nursing 6-Month Authorization
- Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form
- Home Telemonitoring Services Prior Authorization Request Texas Medicaid
- Medicaid Certificate of Medical Necessity for CPAP/BIPAP or Oxygen Therapy Form
- Medicaid Certificate of Medical Necessity for Reduction Mammoplasty
- Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form - Extended Request
- Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form - Initial Request
- Obstetric Ultrasound Prior Authorization Request Texas Medicaid Program
- Outpatient Psychotherapy/Counseling Request Form
- Psychiatric Inpatient Initial Admission Request Form
- Psychological/Neuropsychological Testing Request Form
- Request for CCP Outpatient Therapy
- Request for Outpatient Physical, Occupational, or Speech Therapy (PT, OT, ST) Special Medical Prior Authorization Request Form and Instructions
- Residential Detoxification Authorization Request Form
- Residential Substance Use Disorder Treatment Request Form
- Pulse Oximeter Form
- Special Medical Prior Authorization (SMPA) Request Form
- Statement for Initial Wound Therapy System In-Home Use
- Statement for Recertification of Wound Therapy System In-Home Use
- THSteps Dental Mandatory Prior Authorization Request Form
- Wheelchair/Scooter/Stroller Seating Assessment Form (CCP/Home Health Services) (7 pages)
- Psychiatric Inpatient Extended Stay Request Form
- Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program Non-Emergency Ambulance Prior Authorization Exception
- Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program Non-Emergency Ambulance Prior Authorization Request

CSHCN Services Program Authorization and Prior Authorization Forms

The following CSHCN Services Program authorization and prior authorization forms will be available as fillable forms on the new TMHP Prior Authorization web page:

- CSHCN Services Program Authorization For Apnea Monitor Rental
- CSHCN Services Program Authorization For Chest Physiotherapy Devices
- CSHCN Services Program Authorization For Diapers, Pull-Ups, Underpads, Briefs, Or Liners
- CSHCN Services Program Authorization For Hemophilia Blood Factor Products
- CSHCN Services Program Authorization For Initial Outpatient Therapy (Tp1)
- CSHCN Services Program Authorization For Non-Face-To-Face Clinician-Directed Coordinated Care Services
- CSHCN Services Program Authorization For Omalizumab
- CSHCN Services Program Authorization For Pulse Oximeter Devices
- CSHCN Services Program Authorization For Wheelchair Seating Evaluation Form
- CSHCN Services Program Criteria For Dental Therapy Under General Anesthesia
- CSHCN Services Program Home Health (Skilled Nursing) Referral And Treatment Plan
- CSHCN Services Program Prior Authorization For Augmentative Communication Devices
- CSHCN Services Program Prior Authorization For Bone Marrow/ Stem Cell Or Renal Transplant
- CSHCN Services Program Prior Authorization For Dental Or Orthodontia Services
- CSHCN Services Program Prior Authorization For Durable Medical Equipment (DME)
- CSHCN Services Program Prior Authorization For Hospice Services
- CSHCN Services Program Prior Authorization For Inpatient Hospital Admission- For Use By Facilities Only
- CSHCN Services Program Prior Authorization For Inpatient Surgery – For Surgeons Only
- CSHCN Services Program Prior Authorization For Medical Foods
- CSHCN Services Program Prior Authorization For Nutritional Assessment, Counseling, And Products (Additional)
- CSHCN Services Program Prior Authorization For Outpatient Surgery – For Outpatient Facilities And Surgeons
- CSHCN Services Program Prior Authorization For Renal Dialysis Treatment
- CSHCN Services Program Prior Authorization For Respiratory Care - Crcp
- CSHCN Services Program Prior Authorization For Inpatient Rehabilitation Admission
- CSHCN Services Program Prior Authorization For Inpatient Psychiatric Care

- Home Telemonitoring Services - Home Telemonitoring Services Prior Authorization Request
- CSHCN Services Program Prior Authorization
- Request for External Insulin Pump
- CSHCN Services Program Prior Authorization Request for
- Extension of Outpatient Therapy (TP2)
- Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program Non-Emergency Ambulance Prior Authorization Exception
- Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program Non-Emergency Ambulance Prior Authorization Request

Upcoming Changes: Enhancements to the TMHP Prior Authorization Portal

TMHP is making the changes announced in this article in anticipation of enhancements that will be made this summer to the TMHP Prior Authorization Portal on the secure provider portal. TMHP will notify providers of changes; computer based trainings (CBTs), webinars, and frequently asked question (FAQ) documents with future website articles as information becomes available.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.