New Respiratory Prior Authorization Forms to be Effective March 1, 2017

Information posted Month January 4, 2017

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

The Texas Medicaid & Healthcare Partnership (TMHP) has introduced several new forms for requesting prior authorization of respiratory services. The new forms will be available on the TMHP website on January 2017; however, the forms will not be effective until 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 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:
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 Form Changes**

The following table summarizes the form updates:

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

**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:

<table>
<thead>
<tr>
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<th>Respiratory Services</th>
<th>Age Group</th>
</tr>
</thead>
</table>
| CCP Prior Authorization Request Form | 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 | Requires Prior Authorization  
- 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 | 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

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