Home Health Prior Authorization Checklist

For questions, contact Texas Medicaid Home Health Services at 1-800-925-8957

To facilitate the prior authorization process, the home health agency nurse must have completed the following tasks before contacting TMHP for prior authorization of home health services:

- Evaluation of the client in the home (preferably by the same nurse requesting services)
- Completion of this optional form

**NOTE:** Please do not submit this form to TMHP.

Date: _________________________ Agency Nurse Name: _______________________

Client Medicaid Number: ______________________ Client Name: ______________________

Client Medicare Number: ______________________ Date Last Seen by Physician: ______________________

Start of Care Date: ______________________ Date of Last Hospitalization: ______________________

Date of Home Evaluation: ______________________

Diagnoses: ____________________________________________________________

(If OT/PT is requested, please provide diagnosis codes)

Skilled Nursing functions to be provided: _____________________________________________________________

Pertinent Nursing Observations (prior teaching, size and descriptions of wounds, functional limitations, etc.): _________

Observations of home setting that may effect care (i.e., cleanliness, availability of running water, electricity and refrigeration, etc.): ______________________

Availability and capability of caregiver(s): _____________________________________________________________

Services client receives from other sources (i.e., Primary Home Care): ______________________

Services Requested: □ Skilled Nursing Frequency: ______________________

□ Home Health Aide Frequency: ______________________

□ Physical Therapy Frequency: ______________________

□ Occupational Therapy Frequency: ______________________

□ DME □ Repair □ Rent □ Purchase ______________________ or ______________________

MSRP Invoice Price

□ Supplies: ___________________________________________________________

TMHP Nurse: ______________________ Prior Authorization Number (PAN): ______________________

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