

Home Telemonitoring Services

Prior Authorization Request Form Instructions

General Instructions

The prior authorization (PA) form must be completed and signed as outlined in the instructions below before it is submitted to TMHP.

To submit the form using PA on the Portal, go to www.tmhp.com, click on “Providers,” then “Prior Authorization” from the left-hand menu. Then click “PA on the Portal” from the left-hand menu and enter your Portal user name and password.

The PA form may also be submitted by fax to the Texas Medicaid Special Medical Prior Authorization department at 1-512-514-4213, or by mail to the address specified on the PA form.

A copy of the signed and dated form must be maintained by the ordering physician in the client’s medical record. The form is subject to retrospective review.

The home health agency or outpatient hospital may complete the following sections:

Section A: Client Information

Section B: Requested telemonitoring service information

Section C: Authorization period

Section D: Ordering physician information

Section E: Telemonitoring provider information

All sections of the form must be completed unless otherwise stated.

Section A: Client information (completed by home health agency or outpatient hospital)

Enter the client’s name, Medicaid number, and date of birth as indicated on the Texas Medicaid eligibility card or form.

Name	First: Jane	Last: Doe	MI: M.
Medicaid number: 987654321	Date of birth: 01 / 01 / 1999		

Section B: Requested telemonitoring service information (completed by home health agency or outpatient hospital)

All clients regardless of age may qualify for telemonitoring services with conditions of diabetes or hypertension when 2 or more risk factors are identified. Check a qualifying condition and at least 2 applicable risk factors.

Home telemonitoring qualifying conditions:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension
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Risk Factors for clients with diabetes or hypertension (check all that apply):

- Two or more hospitalizations in the prior 12 month period
- Frequent or recurrent emergency department admissions
- Documented history of poor adherence to medication regimens
- Documented history of falls in the prior six month period
- Limited or absent informal support systems

Living alone or being home alone for extended periods of time

Documented history of care access challenges

Clients 20 years of age and younger who are diagnosed with an end-stage solid organ disease, have received an organ transplant, or who require mechanical ventilation may also qualify for telemonitoring services. Check a qualifying condition as applicable.

Additional home telemonitoring qualifying conditions for clients 20 years of age or younger:

Mechanical ventilation

End-stage solid organ disease

Transplant

Section C: Authorization period (completed by home health agency or outpatient hospital)

Requests may be considered for a maximum period of 180 days. Requests for continuing telemonitoring services received after the current prior authorization period ends will be denied for dates of service provided before the date the request was received. Enter the dates of service, ordered frequency, and procedure codes(s).

Requested start date: 01 / 01 / 19

Requested end date: 03 / 31 / 19

Procedure code(s):

Physician-ordered frequency of clinical data transmission:

Comments (optional):

Section D: Ordering physician information (must be completed by home health agency, outpatient hospital, or physician ordering home telemonitoring)

Enter the name and TPI, or NPI of the Medicaid provider ordering the requested service. The ordering physician may sign and date the form or a prescription, written order, or verbal order. A registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA) may complete and sign this section as a physician's delegate.

Physician's name: John Smith

TPI or NPI: 7654321-02

Physician's dated signature is required unless one of the following from the physician is attached to the request:

Signed and dated prescription

Dated written order

Dated documented verbal order (may be on a plan of care or treatment plan)

Physician's signature

Date signed

Section E: Telemonitoring provider information (completed by home health agency or outpatient hospital)

Enter the name, contact person, address, telephone, fax number, TPI, and NPI of the Medicaid provider who will be providing the requested service or benefit. Without the telemonitoring provider's dated signature, the form is incomplete.

Provider printed name: John Smith	Contact person: Ann Jones
Address/City/ZIP: 123 Street, Somewhere, Texas 12345-1234	
Telephone number: 512-555-1234	Fax number: 512-555-4321
TPI: 7654321-02	NPI: 1234567891
Provider's signature:	Date signed: