

# CCP Prior Authorization Request Form Instructions

## General Instructions

This form must be completed and signed as outlined in the instructions below before the prior authorization is submitted to TMHP.

Either the requesting Medicaid provider or the prescribing physician may initiate the form. The completed form with the original dated signature must be retained by the prescribing physician in the client's medical record. A copy of the signed and dated form must be maintained by the requesting provider in the client's medical record. The form is subject to retrospective review.

The Medicaid provider or prescribing physician may complete the following sections:

- Request for Services check boxes
- Section A: Client Information
- Section B: Provider/Supplier/Vendor/Qualified Rehabilitation Professional (QRP) Information
- Section E: Dates of Service and Healthcare Common Procedure Coding System (HCPCS) Procedure Codes

The prescribing physician must complete the following sections:

- Section D: Diagnosis and Medical Necessity of Requested Services
- Section F: Primary Practitioner's Certifications

**All fields must be filled out completely.**

## Request for Services

Check the appropriate type of service being requested. Only one box may be selected.

Request for:	<input checked="" type="checkbox"/> DME	<input type="checkbox"/> Supplies	<input type="checkbox"/> Private Duty Nursing	<input type="checkbox"/> PPECC	<input type="checkbox"/> Inpatient Rehabilitation	<input type="checkbox"/> Other
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## Section A: Client Information

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

Client Name (Last, First, MI): Jane Doe	
Medicaid Number: 987654321	Date of Birth: 01 / 01 / 11

## Section B: Provider/Supplier/Vendor/Qualified Rehabilitation Professional (QRP) Information

Enter the name, telephone, fax number, address, TPI, and NPI of the Medicaid Provider who will be providing the requested service or benefit. If requesting a wheeled mobility system, enter the QRP's name, TPI, and NPI.

Name: ABC DME Company	Telephone: 123-555-1234	Fax Number: 123-555-2345	
Address: 123 Street, Somewhere, TX 12345-1234			
TPI: 1234567-01	NPI: 1234567891	Taxonomy: 123XX4567X	Benefit Code: XXX
QRP Name: B. Provider	QRP TPI: 987321654-01	QRP NPI: 1212121212	

## Section C: Type of Request

Check the appropriate box for the type of authorization being requested. If the request is for a revision to an existing authorization, the requested end date cannot extend beyond the original authorization's end date. Provide an explanation for the revision in the space provided.

<input checked="" type="checkbox"/> Initial / New Client	Requested Start Date: 01 / 01 / 17	Requested End Date: 03 / 31 / 17
<input type="checkbox"/> Recertification	Requested Start Date:	Requested End Date:
<input type="checkbox"/> Revision*	Revised Start Date:	End Date: (Cannot extend beyond current authorization period.)
* Reason for Revision:		

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## Section D: Diagnosis and Medical Necessity of Requested Services

### Initial and Recertification.

The prescribing physician must include a valid diagnosis code (the code used below is for example only) with a brief description and complete justification for determination of medical necessity for the requested items or services. If applicable, the prescribing physician should include the client's height/weight, wound/stage/dimensions, and functional/mobility, or any other documentation to support the medical necessity.

Diagnosis code I1XXX - The patient has malignant hypertension and requires 24-hour monitoring of their blood pressure to confirm diagnosis and regulate medication. The client has been hospitalized twice in the last 6 months (11/02/16 and 12/15/16) for hypertension. The client's symptoms are (list symptoms), and the initial evaluation showed (add description). The patient needs to monitor and record blood pressure once every hour and cannot tolerate a manual device (bruises easily).

## Section E: Dates of Service and HCPCS Codes

Enter the From: and To: dates of service for requested services.

Dates of Service	From: 01 / 01 / 17	To: 03 / 31 / 17
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### HCPCS Code/Modifier, Brief Description of Requested Services, Quantity/Frequency, and Retail Price

Enter the appropriate and most specific HCPCS code (the code used below if for example only), the appropriate modifier (if required), and brief description of the requested item or service.

Enter the appropriate quantity and frequency based on the physician's prescription.

Enter the AWP or MSRP for DME or supplies that have no maximum fee listed in the Texas Medicaid Fee Schedule.

If the item requested is beyond the quantity limit or a custom item, additional documentation must be provided to support determination of medical necessity.

HCPCS Code	Brief Description of Requested Services	Quantity/Frequency	Retail Price
A9XXX / U1	Rental of blood pressure monitoring device automatic	1/month	\$40.00
<i>Note: HCPCS codes and descriptions must be provided.</i>			

## Section F: Primary Practitioner's Certifications

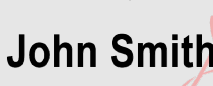
### To be completed by the prescribing physician.

The prescribing physician must sign and date the form and print or type physician name. By signing Section F, the prescribing physician certifies the following:

- For DME and/or medical supplies the client is under 21 years of age and the DME and/or medical supplies are appropriate and can safely be used by the client when used as prescribed.
- For Private Duty Nursing, the client is under 21 years of age and the client's medical condition is sufficiently stable to permit safe delivery of private duty nursing as described in the plan of care.
- For PPECC Services, the client is under 21 years of age and the client's medical condition is sufficiently stable to permit safe delivery of PPECC services as described in the PPECC plan of care.

The prescribing physician's TPI (if a Texas Medicaid provider), NPI, and license number must be documented. Physicians must indicate their professional license number. If the prescribing physician is out of state, the physician must provide the license number and state of professional licensure. Texas Medicaid TPI and unique physician identifier number (UPIN) numbers are not acceptable as licensure.

**Note:** Signatures from chiropractors and doctors of philosophy (PhDs) will not be accepted. Certified nurse midwife (CNM), clinical nurse specialist (CNS), nurse practitioner (NP), and physician assistant (PA) providers may sign on behalf of the physician for private duty nursing, physical, occupational, and speech therapy services when the physician delegates this authority. Signature stamps and date stamps are not acceptable.

Signature of prescribing physician:		Date:
 <small>Digitally signed by John Smith  DN: cn=John Smith, o=docname123, ou,  email=johnsmith@docname123.com, c=US  Date=2016.12.01 21:41:51 -4'00'</small>		12/01/2016
Printed or typed name of physician: John Smith		
TPI: 7654321-02	NPI: 1234567891	License Number: TX12345