

# Home Health Prior Authorization Checklist

Do Not  
Return

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): \_\_\_\_\_