

# Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form Instructions

## General Instructions

This form must be completed and signed as outlined in the instructions below before DME/medical supplies providers contact RightCare Medical Management at (512) 383-8703 for prior authorization.

Either the DME supplier/Medicaid provider or the prescribing physician may initiate the form. This completed form must be retained in the records of both the DME supplier/medical provider and the prescribing physician, and is subject to retrospective review. This form becomes a prescription when the physician has signed section B.

**Note:** *This form cannot be accepted beyond 90 days from the date of the prescribing physician's signature.*

The supplier or prescribing physician can complete Section A. Include the most appropriate procedure code description using the Healthcare Common Procedure Coding System (HCPCS). In addition, include the appropriate quantity and the manufacturer's suggested retail price (MSRP) if the item requires manual pricing. A price is not required for those items with a maximum fee listed in the Texas Medicaid Fee Schedule. The appropriate box must be completed to indicate whether this section was completed by the physician or the supplier. If the item requested is beyond the quantity limit or a custom item, additional documentation must be provided to support determination of medical necessity.

All fields must be filled out completely. The prescribing physician's TPI (if a Texas Medicaid provider), NPI, and license number must be indicated.

## Section A: Requested Durable Medical Equipment and Supplies

The supplier or prescribing physician can complete Section A. Include the most appropriate procedure code description using the Healthcare Common Procedure Coding System (HCPCS). In addition, include the appropriate quantity and the manufacturer's suggested retail price (MSRP) if the item requires manual pricing. A price is not required for those items with a maximum fee listed in the Texas Medicaid Fee Schedule. The appropriate box must be completed to indicate whether this section was completed by the physician or the supplier. If the item requested is beyond the quantity limit or a custom item, additional documentation must be provided to support determination of medical necessity.

For wheeled mobility systems or major modifications to a wheeled mobility system, the supplier or Qualified Rehabilitation Professional (QRP) must complete the QRP name, QRP TPI, and QRP NPI fields.

## Requested Durable Medical Equipment and Supplies

Item number	HCPCS Code	Description of DME/medical supplies	Quantity	Price
1	J-E1399	Appropriate HCPCS code description	1	\$50.00
2	J-E1220	Appropriate HCPCS code description	1	\$2500.00
3				
4				
5				

## Examples of Supplies

Item number	HCPCS Code	Description of DME/medical supplies	Quantity	Price
1	9-A4253	Appropriate HCPCS code description	2 boxes	N/A
2	9-A4259	Appropriate HCPCS code description	1 box	N/A
3	9-A4245	Appropriate HCPCS code description	1 box	N/A
4				
5				

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 UPIN numbers are not acceptable as licensure. The *Addendum to the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form* must be used when prescribing more than 5 items. The *Addendum to the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form* must accompany the *Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form*.

**Note:** *Addendums received without this form will not be accepted.*

**Reminder:** *Home health services are not a benefit for clients residing in a nursing facility, hospital, or intermediate care facility.*

**Note for DME:** *The DME company must also complete the DME Certification and Receipt Form. All equipment is to be assembled, installed, and used pursuant to the manufacturer's instructions and warning.*

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## Section B: Diagnosis and Medical Information

**Section B is a prescription for DME/supplies and must be filled out by the prescribing physician.**

The prescribing physician must indicate the corresponding item number requested from Section A, appropriate ICD-9 code with a brief description, and complete justification for determination of medical necessity for the requested item(s). If applicable, include height/weight, wound stage/dimensions and functional/mobility.

**The physician is not required to repeat the procedure code or description of the requested DME or supplies in this section.**

**Note:** The date last seen must be within the past 12 months.

The prescribing physician must indicate the duration of need for the prescribed supplies/DME. The estimated duration of need should specify the amount of time the supplies/DME will be needed, such as six weeks, three months, lifetime, etc. The prescribing physician's TPI (if a Texas Medicaid provider), NPI, and license number must be indicated.

**Note:** Signatures from nurse practitioners, physician assistants, and chiropractors will not be accepted. Signature stamps and date stamps are not acceptable.

### Diagnosis and Medical Need Information

Item No. <sup>2</sup> (From Section A)	ICD-9	Brief Diagnosis Description	Complete justification for determination of medical necessity for requested item(s). Refer to Section A: Requested Durable Medical Equipment and Supplies. <sup>1,2</sup>
1,2	438	Appropriate diagnosis description	Unable to get in and out of the tub or shower.
2	27801	Appropriate diagnosis description	Need swing-away arms and legs for transfer secondary to hemiparesis and need oversize chair for clients weighing 400 lbs.

1. Refer to Footnote 1 of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.

2. Refer to Footnote 2 of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.

### Examples of Supplies

Item No. <sup>2</sup> (From Section A)	ICD-9	Brief Diagnosis Description	Complete justification for determination of medical necessity for requested item(s). Refer to Section A: Requested Durable Medical Equipment and Supplies. <sup>1,2</sup>
1,2,3	25001	Appropriate diagnosis description	Client has frequent variation of blood glucose levels and needs monitoring several times a day.

1. Refer to Footnote 1 of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.

2. Refer to Footnote 2 of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.