



Texas Rehab Providers' Council

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TXRPC.Org

TXRPC NEWS

JULY 2005

TXRPC BOARD ELECTS OFFICERS

The expanded (seven member) board of directors of the Greater Texas Rehab Providers' Council convened a special meeting July 12 to elect officers. President for the 2005-06 term is Tom Hafford. Vice President is Chris Yule, and Secretary/Treasurer is James Garner. Officers begin service immediately and will serve through June of 2006.

DON'T MISS THE CONFERENCE!

August 4,5,& 6

Holiday Inn Riverwalk San Antonio

Seven Pillars of Wisdom

- I. **New Title XIX education and discussion:** This Thursday morning session, 9:30 a.m. will feature Andrea Daniell of TMHP providing an education session on the new Prescription and Prior Authorization Request form for Texas Medicaid. Bring your staff, your associates, physicians and their staff! There are some BIG changes in this form, and its use is mandatory August 1, 2005.
- II. **Making Credentialing LAW or POLICY:** Thursday afternoon... A panel discussion featuring Pat Ross, Georgia, Kay Koch, Georgia, Darren Jernigan, Tennessee, Dan Lipka, Ohio and Simon Margolis, Minnesota.
- III. **Medicaid Policy Panel...** Friday morning! HHSC and TMHP staff will field your questions about policy, pricing, coding, documentation, claims, and prior authorizations.
- IV. **Rehab and Medicare...** a "How to..." course from Peggy Walker courtesy US Rehab.
- V. **Keynote Lunch Friday...** Message straight from **Mauri Downum**, MSOTR, CHSCN Policy Staff and Title V Performance Analyst... the only department in Texas that **already** requires advanced credentials for provision of custom equipment!
- VI. **The Medicare MAE policy...** How will this affect YOUR business? How about new Wheelchair Codes? What is the test? Another CEU course from Peggy Walker of US Rehab.
- VII. **Pediatric Seating and Positioning...** CEU course addressing special needs of the 0 to 5 year old child featuring Ginny Paleg courtesy Sunrise Medical.

LIAISON COMMITTEE REPORT

The TXRPC Agency Liaison Committee met with HHSC and TMHP representatives July 20th in Austin to continue discussion on policy and implementation. Although some items on the agenda will require more investigation or policy reevaluation, several concrete items of information were resolved. Following is an overview of this information.

1. Case Managed Medicaid HMO Claim and Prior Authorization discussion.

Many rehab providers have continuing problems with Medicaid HMO reference and authorization numbers (particularly AmeriGroup) for case managed beneficiaries (SSI).

- a. Prior authorization requests go to the HMO for the case managed beneficiaries but the claims are submitted to TMHP.
- b. When the HMO grants prior approval, a 12 digit REFERENCE NUMBER is issued. This is different from a 10 digit Prior Authorization Number (PAN).





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- c. Providers are reminded: **Do NOT use the 12 digit Reference Number as the PAN when filing a claim.**
- d. The HMO transmits reference information to TMHP and receives a PAN which is then faxed to the Provider.
- e. Providers are reminded: **The ten digit, TMHP PAN is the approval number that must be submitted with the claim.**
- f. Research continues between HHSC, TMHP, and the HMO's regarding claims problems that result from discrepancies in units, codes, and pricing between the Prior Authorization FAX received by the provider and the electronic record at TMHP.

2. Communications with Prior Authorization Nurses

Occasionally prior authorization nurses will have questions about a provider's request for PAN on a complex wheelchair or piece of equipment. The nurse's telephone inquiry often cannot be answered immediately by office staff particularly when the RTS with specific knowledge is unavailable.

- a. For COMPLEX systems only, if the question or issue can not be readily addressed by available provider staff, the provider's staff or the prior authorization nurse may **request that a "telephone appointment" be scheduled to discuss the matter.** Providers are requested to make sure that when a telephone appointment is scheduled that the appropriate staff are available to attend to the call.
- b. If a clarification inquiry or telephone appointment cannot be scheduled within the TMHP timetable for clearing a prior authorization request, the prior auth nurse should issue a denial of the PAN and request resubmission.
- c. Prior Authorization nurses are being asked NOT to re-code, re-price, or approve a change in the prior authorization request until any such change has been discussed and agreed to by the provider. It is hoped this will avoid the issuance of an approval communication to a client when in fact the approval being issued does not reconcile with the provider's request.

3. Pediatric vs Adult Wheelchairs

Some providers are still encountering prior authorization issues relating to the application of HCPC Codes that indicate pediatric and adult size equipment.

- a. "Pediatric SIZE" wheelchairs. Applicability of these codes is limited to wheelchair whose seat depth OR seat width is less than 15 inches.
- b. The beneficiary's age does not matter.

4. POV (Scooter) Purchase

During the last several months, some providers received responses to request for prior authorization for the purchase of a Scooter (E1230) indicating a purchase could only be made after a mandatory three-month rental period.

Prior authorization supervisors have clarified this information. The rental period is NOT mandatory, however any submission for the purchase of a scooter should include sufficient information that clearly indicates a non-degenerative condition and addresses the expectation that a wheelchair will not be needed to meet the clients anticipated needs in the foreseeable future.

