



Texas Rehab Providers' Council

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TXRPC.Org

TXRPC NEWS

October 2005

Hurricane Heroes

When evacuees of hurricane Katrina began arriving in Houston, Leah Kennedy and Ron Kieschnik put out the call for donated wheelchairs that were needed immediately at the Astrodome. TXRPC alerted dealers in San Antonio, Dallas, and Austin that wheelchairs and other medical equipment would be needed at evacuee centers there. The governor's disaster command center contacted TXRPC to tell us that by the time they became aware of the potential need for wheelchairs, TXRPC was in the process of delivering them! Congratulations to all the dealers who helped!

Liaison Committee

It is time for the quarterly meeting with Medicaid and TMHP! If you have issues with claims, authorizations, or coverage policy, please communicate with Chris Yule ASAP. He can be reached by email at chris.yule@travismedical.com

Membership

Renewals are due! Don't Miss your chance to participate in the major issues facing Texas' rehab providers such as rate and coverage reviews, new wheelchair codes, and a potential change in reimbursement policy. You should have received a reminder and invoice for membership by now. If not, avoid the last minute rush and call Leah Kennedy at **936-672-0240** or, better yet, **MAIL** your renewal check for \$500.00 today to TXRPC, c/o James Garner at 2317 W. University, Ste. C-6, Denton, TX, 76201.

Credentialing Committee

The past few months have been spent organizing the committee and our agenda. The Credentialing Committee is committed to guiding the process and developing a higher standard of care for rehab clients in Texas. This will serve to protect the consumer and possibly generate substantial savings for state funding sources, and eventually all payers within Texas, while raising the bar of professionalism within our industry. We appreciate any and all input. Anyone who wishes to be involved can contact Michael Bird at mbird8338@aol.com for more information.

Legislative Committee

Alberto N. vs. Hawkins Settlement Agreement

The Settlement Agreement reached in this case will impact the scope of DME available to beneficiaries under the age of 21 within the Texas Medicaid Program as we move forward. All suppliers are encouraged to review the specifics of the settlement. The settlement agreement can be accessed at:

<http://www.tmhp.com/C12/Alberto%20N%20Related%20Information/default.aspx>

Consumer Issues

Mary Klentzman is working with the state to develop resources in Texas for outgrown, used pediatric equipment to be refurbished and recycled to children who have no access to funding. These are not necessarily the children in the most impoverished circumstances, but children of families whose income may be too high to qualify for Medicaid or CHSCN funding.

Conference Follow-up

Attached to this newsletter is the text of responses from Andrea Daniell. These are her answers to questions presented at the August Conference for which she had no immediate answers.





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Conference Follow Up Questions:

1. As it applies to custom wheelchairs and related codes, what price information should be entered in Section A of the Title XIX form? Usual and customary, MSRP, Max Fee, Nothing, or does it differ depending on the HCPCS code?

In Section A, suppliers indicate HCFA Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) (Code description, appropriate quantities, and retail price if item requires manual pricing. A price is not required for those items with a max fee listed in the Texas Medicaid Fee Schedule)

2. Will TMHP publish anything educational for the physicians regarding why we require a TPI number and a license number on this form, if this section must be handwritten or can it be typed, that delegation within the office can take place for the coding portion and the physicians responsibility if this does take place, and why medical necessity is required to be filled out on this form, and something in writing to address any specific requirements regarding supplier communication with the physician on what needs to be listed on the form?

They can type in the TPI and license number, and the office person can fill it out and have the physician sign it to attest that the information is consistent with the clients current medical necessity and prescription. Medical necessity is required to complete the prior authorization process. (I think the intent of this section is that the prescribing physician must order the services and if he delegates he is still responsible and as long as he validates and signs this is acceptable)

3. Feeding pumps--providers cannot submit for a PA for repairs unless they submit an itemization of what is requested to fix. The only way they can get an itemization is after the manufacturer repairs the feeding pump. Once the feeding pump is fixed, the provider gets denied because service was not authorized prior to the repairs. This is a catch 22 situation. How can this be better addressed?

The TMPPM states, "must submit itemized estimated cost list from the vendor or DME provider of the repairs." The key word is estimated. If they find additional repairs were needed the provider should send in an updated request for authorization describing the reason for the additional repairs.

4. TXRPC has a concern that the PA nurses are not familiar with what is being requested and has asked if it is possible to do a demonstration of the equipment they are requesting (either in person, via tape, or have a manufacturer conduct the demo). They feel that communication would be enhanced on both sides if something like this could take place.

We routinely have specific staff working with these requests that have knowledge of this equipment. Also, since equipment changes so frequently demonstrations would not be feasible.

5. How do the providers address the clinical necessity of supplies? (For example, HME vs. tracheostoma filter on pediatric patients vs. adults? These two items are not the same. Previously this was coded as miscellaneous, now it must be coded in the A4500 series.

They usually submit diagnoses, and documentation from the physician such as a letter of medical necessity and/or history of complications and illnesses, for example reoccurring pneumonias.

