



Texas Rehab Providers' Council

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TXRPC NEWS

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Medicaid Update: TXRPC meets with Medicaid

The Agency Liaison meeting on October 26, 2007 with Texas Medicaid was very positive with TXRPC presenting issues from the summer conference and HHSC/Medicaid doing their best to solve our issues. Below are highlights of the results of the meeting:

Issue - Suspended PAN Requests - There has been a significant increase in the number of prior authorization requests that have been "pended" for additional information in order to establish medical necessity. Often therapist evaluation and letters address issues for which requests are suspended.

Resolution - Due to the recent lawsuit, the overall goal of TMHP is to be compliant with the judge's orders while ensuring the client receives the most functional, clinically appropriate and safe piece of equipment. According to the attending Medical Director the number of requests coming to her have not significantly increased, despite comments made to the contrary. TMHP wants a complete "picture" of the client's needs and the use of the equipment. Some suggestions are as follows:

- Videos - Videos are not required, but may be submitted as proof of functionality. E-mail is not an option; videos must be mailed.
- Base Frame and Secondary components such as seating - There must be justification for each item, which may be listed on a second sheet if there is inadequate space on the evaluation form. A therapist does not have to write the justification, but he/she must sign their agreement with the products chosen. For instance, simply putting **Invacare TDX with ABC seating system** is not sufficient. Instead, write a short summation of the client's functionality and limitations that require the use of the requested equipment. Additionally, list the products along with a brief description beside the component items. This could be done in a sentence format, or in a line order format. No matter the format there should be "product = justification" line-by-line. For example:
 - Due to Jane Doe's limited hand dexterity and lack of functional arm range capabilities she cannot propel a manual wheelchair. Jane Doe has been evaluated and shows the ability to operate/drive a power chair (joystick etc.), and navigates common obstacles of her environment.
 - Due to the client's poor trunk balance, hip migration while sitting, lack of head control, extensor thrust, planar flexed feet, and adduction of the legs the following custom seating items are required:
 - ABC solid back for posterior balance
 - ABC Foam in place to accommodate scoliosis
 - ABC anti-thrust cushion modification to prevent sacral sitting
 - ABC padded seat belt to control hips
 - EFG headrest to support posterior/anterior head drop
 - ABC shoe holder with angle adjustable footplates.
 - ABC abductor is required to prevent the legs from adducting over each other
 - The base seat and back that is provided with the power chair is not sufficient to provide the postural support required for Jane Doe. The secondary seating components cannot interface with the base seat and back provided with this power chair.

Issue - Wheelchair Parts Limitations - TMHP is authorizing one airless insert (E2213) for a pneumatic propulsion tire on new chairs and parts. All manual wheelchairs have at least two propulsion tires.

Resolution – HHSC stated this is a system's issue and they are working to fix the problem.





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Issue - Batteries for power chairs – Even though Medicaid policy states that batteries are included in the reimbursement price for power wheelchairs, battery prices were not included in the Medicare price structure on which their July 2, 2007 fee schedule is based.

Resolution – Policy analysts at HHSC said this is understood and is undergoing policy review. No information was available.

Issue - Custom manual wheelchair as backup for power wheelchair - Some prior authorization requests for manual wheelchairs are denying with the statement that Medicaid will only furnish one wheelchair per five years and that a rental wheelchair may be furnished when a power wheelchair is being repaired.

Resolution - TMHP acknowledged that a secondary manual wheelchair should not be denied if the need for the chair is proven to be clinically driven. The need for a secondary manual wheelchair derived from issues relating to convenience (transportation) or access in the client's environment is still a case-by-case review. TMHP does understand that a client that with extreme seating needs cannot use a rental manual frame and that providers cannot rent a custom manual frame with seating, but document and tell the whole story.

Issue - Custom manual/power wheelchair limitation - Some requests for manual/power wheelchairs are denying with the statement that Medicaid will only furnish one wheelchair per five years. No statements about medical justification.

Resolution - TMHP stated that the "one per five-year" limitation is not absolute. If a power chair is medically justified in less than 5 years, OR a manual secondary chair is medically justified in less than 5 years then they will be considered on medical justification not number of years. The need for a secondary manual wheelchair derived from issues relating to convenience (transportation) or access in the client's environment is still a case-by-case review. TMHP does understand that a client that with extreme seating needs cannot use a rental manual frame and that a provider cannot rent a custom manual frame with seating. Detail the parts and price required vs. the price of a new frame so TMHP can do a price comparison. Once again, document and tell the whole story.

Issue - Unfunded codes awaiting rate hearing - Codes for helmets and many power wheelchair repair parts have been approved but "unfunded" since January 1. Prior authorization is being denied. Many providers have provided necessary repairs (at significant expense) for codes that have been denied pending rate hearing.

Resolution –

- Any items that have now had an allowable assigned to them, were sent in for Prior Auth and denied, but **NOT** billed should be re-sent to TMHP with the following:
 - i. Cover Sheet Reading "RATE HEARING RESUBMISSION"
 - ii. Title XIX under which the request was originally submitted
 - iii. Copy of Authorization Letter sent stating that items were denied due to rate hearing
- Any items that have now had an allowable assigned to them, were sent in for Prior Auth and denied, and **were** billed and denied:
 - i. TMHP said they would research by code then instigate action.

Issue - Needed denials, redundant equipment, or not medically necessary - Some insurers and Medicaid waiver programs need evidence in the form of a prior authorization denial to prove that an item is not funded by Medicaid. Occasionally, PA staff will request wheelchair evaluations or extensive documentation for items which the provider knows will be denied as exceeding limitations. Often these denials are sought for equipment which is not ever provided by the vendor.

TMHP Resolution – Per TMHP, send a cover letter with a statement signed by the therapist and the family that the equipment is not requested for medical necessity but for the convenience of the family.

Issue – Custom seat/back imbedded in power chair allowable - Custom seats (E2609) and custom backs (E2617) are being denied with the comment that the standard power chair seat and back should be used, but the custom seat/back is a duplicate product request. Meanwhile custom modifications are





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being approved that cannot be done unless a custom seat/back is provided. The basic equipment package does not accommodate or address any positioning, deformity, respiratory, or skin integrity issues.

TMHP Resolution – Please see last bullet point under Suspended PAN requests.

Other Agenda Issues:

Question - How does the TMHP authorization department relay policy clarification decisions to the claims department? TXRPC has had reports from members that authorizations are being given for 2ea on pair orders, but claims only pays 1ea.

Answer – TMHP says they will address this system issue. Until then, the provider should resubmit the original claim to the claims department with a cover letter addressing the authorization number and that the item was authorized for 2ea or 1pr.

Question - What is Medicaid's SADMERC code recognition policy? Is there some kind of document TMHP can provide to providers of service requesting authorization for a specific HCPCS code when the provider is told to change a code even though SADMERC's description differs? For example, CCP tells a provider to use a stroller code even though SADMERC has coded the item as a wheelchair. Providers are concerned they are being forced into a questionable situation in an audit.

Answer - TMHP said to send a copy of the SADMERC verification page to CCP and TMHP will fix it.

Question – Are Medicaid HMO's supposed to follow Medicaid policy? What is the oversight or appeals process? Everyone from their side of the table lookdown and shook their heads.

Answer – Medicaid HMO's are supposed to follow Medicaid policy and each HMO has an oversight person. TXRPC is working to obtain this information.

Noteworthy Information:

TMHP asked TXRPC to make sure all members put their NPI number on all documents that require it.

TXRPC asked if banner messages, which pertain to DME and rehab, could be bundled due to the complexity of finding these messages i.e. the new T-19's. TXRPC also asked if TMHP could send us any banner messages pertaining to rehab. TMHP said this could be done.

Due to the "Lawsuit" a new department is being formed to deal specifically with children's specialized DME equipment. This department will be the new facilitators for liaison among HHSC, TMHP and TXRPC starting next spring.

