The 2009 Durable Medical Equipment (DME) Workshop

presented by:

TMHP

Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor
Workshop Expectations

- Start/stop on time
- Stay focused
- Silence distractions
- Write down questions
- Give thoughtful and constructive feedback
- Be positively engaged
What’s Changed

Thanks to your feedback, we have made changes:

- Separate course
- Enhanced workbooks
- Detailed references
- Additional resource information
- Inclusion of CSHCN Services Program and pharmacies
Workshop Objectives

By the end of this workshop, you should be able to:

- Reference the DME, medical supply, and nutritional supply benefits available through Medicaid and the CSHCN Services Program
- Check/validate a client’s eligibility
- Prepare the prior authorization
- Complete the Certification and Receipt Form
- Process high-cost DME
Workshop Objectives

By the end of this workshop, you should be able to:

- Submit/Appeal a claim
- Identify and report fraud, waste, and abuse
- Locate resource materials and find policy/process updates on TMHP.com
- List your responsibilities as a provider
- Enroll as a DME provider (for Vendor Drug pharmacy providers)
Medicaid and CSHCN
Examples of DME and Medical Supplies

- Incontinence Products
- Diabetes Products
- Enteral Products
- Hospital Beds
- Respiratory Equipment
- Augmentative Communication Device (ACD)
- Bath/Bathroom Equipment
- Intravenous (IV) Therapy Products
- Phototherapy Devices
- Mobility Aids
- Wound Care Supplies/Systems
CASE STUDY: Dorothy

Age: 54
Diagnosis: severe osteoarthritis and kyphosis
Recent Issues: severe upper back pain
CASE STUDY: Katherine

Age: 6 years old

Diagnosis: Fetal Alcohol Effects

Secondary Diagnoses: enuresis, failure to thrive, and visual impairment
Check/Validate Eligibility
Eligibility

- Paper identification forms
  - H3087 and H1027-A for Medicaid
  - CSHCN Services Program Eligibility Form
- Automated Inquiry System (AIS)
- TexMedConnect online at TMHP.com
Verifying Eligibility

1. Go to TMHP.com
Verifying Eligibility

2. Select “Verify Client Eligibility”
Verifying Eligibility

3. Enter your user name and password
Verifying Eligibility

4. Enter NPI/API and eligibility dates
Verifying Eligibility

5. Narrow search with additional information

Please enter one of the following valid field combinations:

- Medicaid/CSHCN ID
- or Social Security Number and Last Name
- or Social Security Number and Date of Birth
- or Date of Birth and Last Name and First Name

Medicaid/CSHCN ID: 555555555 Format: 123456789
Social Security Number: 12345678| Format: 123-45-6789 or 123456789
Date of Birth: 1/1/2009 Format: mm/dd/yyyy
Last Name: LastName
First Name: FirstName

Submit
Verifying Eligibility

6. Review results for eligibility information
Eligibility Results

<table>
<thead>
<tr>
<th>Medicare No.</th>
<th></th>
</tr>
</thead>
</table>

**Eligibility Segments**

<table>
<thead>
<tr>
<th>Segment Dates</th>
<th>Medical Coverage</th>
<th>Program Type</th>
<th>Program</th>
<th>Benefit Plan</th>
<th>Spend-down Indicator</th>
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<tbody>
<tr>
<td>EFR: 06/01/2008</td>
<td>R - REGULAR</td>
<td>44 - MEDICAID EXPANSION FOR CHILDREN (FEDERAL)</td>
<td>100 - MEDICAID</td>
<td>100 - TRADITIONAL MEDICAID</td>
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<td></td>
<td></td>
<td></td>
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<td>ADD: 07/03/2008</td>
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**Medicare Segments**

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**Lock-In Segments**

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<th>Address</th>
<th>Phone</th>
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</thead>
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**TPR Segments**

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**TPL Segments**

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<tbody>
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**Managed Care Segments**

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<tr>
<td>EFR: 01/01/2009</td>
<td>PCCM - EXPANSION</td>
<td>DEEP EAST TEXAS RURAL</td>
<td>(936) 598-3226 Ext.</td>
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**Limits Segment**

<table>
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<tr>
<th>Dental</th>
<th>Hearing Aid</th>
<th>Eye Exam</th>
<th>Eye Glasses</th>
<th>Medical</th>
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<tr>
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<td>02/20/2008</td>
<td>02/01/2008</td>
<td>02/01/2008</td>
<td>02/26/2008</td>
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</table>
Eligibility Limitations
Private Pay Policies

Private Pay Agreement vs. Client Acknowledgement Statement
Durable Medical Equipment (DME) Workshop

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What Do They Need?

Dorothy
- semi-electric bed
- manual height adjustment
- electric head/leg elevation adjustments

Katherine
- nutritional counseling
- nutritional supplements
- enuresis alarm
- glasses
Prior Authorizations and Authorization

- Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form
- CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME)
# Section A - Physician or Supplier

## Section A: Requested Durable Medical Equipment and Supplies

This section was completed by (check one): ☐ Requesting Physician ☐ Supplier

| Client name: | Client date of birth: | / | / |
| Client Medicaid number: | Is client under 21 years of age? | YES ☐ NO ☐ |

| Supplier name: | Supplier address: |
| Supplier telephone: | Supplier Fax: |
| Supplier NPI: | Supplier Taxonomy: |
| Supplier TPI: | Supplier Benefit Code: |
| Physician name: | Physician telephone: |
| Physician Fax: |

I certify that the services being supplied under this order are consistent with the physician's determination of medical necessity and prescription. The prescribed items are appropriate and can safely be used in the client’s home when used as prescribed.

DME/medical supplies provider representative signature: 

<table>
<thead>
<tr>
<th>Item Number</th>
<th>HCPCS Code</th>
<th>Description of DME/medical supplies</th>
<th>Quantity</th>
<th>Price</th>
<th>Prior authorization required?</th>
<th>Beyond quantity limit?</th>
<th>Custom item?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>☐ Y ☐ N ☐ Y ☐ N ☐ Y ☐ N</td>
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<td>☐ Y ☐ N ☐ Y ☐ N ☐ Y ☐ N</td>
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<td>☐ Y ☐ N ☐ Y ☐ N ☐ Y ☐ N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. If “Yes,” additional documentation must be provided to support determination of medical necessity.

☐ Check if additional documentation is attached as outlined in the TMPPM.

Is the DME Provider Medicare certified? YES ☐ NO ☐

If yes, indicate Medicare number:
### Section B – Prescribing Physician

**Section B: Diagnosis and Medical Need Information**

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

<table>
<thead>
<tr>
<th>Item Number* (From Section A)</th>
<th>ICD-9</th>
<th>Brief Diagnosis Descriptor</th>
<th>Complete justification for determination of medical necessity for requested item(s)*2 (Refer to Section A, footnote 1)</th>
</tr>
</thead>
</table>

2. Each item requested in Section A must have a correlating diagnosis and medical necessity justification. Enter all item numbers from the table in Section A that pertain to each diagnosis.

If applicable, include height/weight, wound stage/dimensions and functional/mobility status in table below.

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Wound stage/dimensions</th>
<th>Functionality/mobility status</th>
</tr>
</thead>
</table>

**Note:** The "Date last seen" and "Duration of need" items below must be filled in.

- Date last seen by physician: / / 
- Duration of need for DME: ________ month(s) 
- Duration of need for supplies: ________ month(s) 

By signing this form, I hereby attest that the information completed in Section “A” is consistent with the determination of the client’s current medical necessity and prescription. By prescribing the identified DME and/or medical supplies, I certify the prescribed items are appropriate and can safely be used in the client’s home when used as prescribed.

Signature and attestation of prescribing physician: 

Date: / / 

Signature stamps and date stamps are not acceptable

Prescribing physician’s license number: 

Prescribing physician’s TPI: 

Prescribing physician’s NPI: 

☐ Check if all of the information in Section A was complete at the time of the prescribing provider signature
CSHCN Authorizations

Authorization

Prior Authorization

DOS

95

Durable Medical Equipment (DME) Workshop
Prior Authorization

1. Go to TMHP.com
Prior Authorization

2. Click the link, “Submit a Prior Authorization”
Prior Authorization

3. Enter your user name and password
Prior Authorization

4. Complete the required fields
Prior Authorization

5. Click the “Next Step” button and verify the information on the following screen. Complete all required fields
Prior Authorization

6. Fill out the “Contact Information” section
   - Name
   - Method
   - Phone Number
   - Fax Number
Prior Authorization

7. Complete all required fields
8. Add any comments to “Additional Comments”
9. Click the “We Agree” checkbox
10. Click “Submit Request”
Pending/Denied PA Requests

1. Missing MD/DO/DPM signature or date
2. Missing MD/DO/DPM license number
3. Incorrect Client PCN
4. Mismatch for TPI/NPI
5. Illegible requests
Pending/Denied PA Requests

6. Missing/Mismatched HCPCS code
7. No letter of medical necessity
8. Missing amount, quantity, or cost/MSRP
Two Concerns:

1. Deadlines

2. Repairs/Replacements
Receipt Forms

- DME Certification of Receipt
- CSHCN Service Program Documentation of Receipt
High-Cost DME
The 2009 Durable Medical Equipment (DME) Workshop

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Claim Submissions
Submitting the Claim

1. Access TexMedConnect on TMHP.com
Submitting the Claim

2. Enter your user name and password
Submitting the Claim

3. Click “Claims Entry.”
Submitting the Claim

4. Select the correct provider NPI
5. Enter the client number for the claim (optional)
6. Select the claim type from the drop-down menu
7. Click “Proceed to Step 2”
Submitting Claims

8. Proceed through each tab and enter claim information.
Submitting Claims

9. On the “Other Insurance/Submit Claim” tab, select the source of payment.
Submitting Claims

10. Read the terms and conditions and check the “We Agree” box
Submitting Claims

11. Click Submit.
Submitting the Claim
Advantages of Electronic
Dual Eligibility

Medicare ➔ Medicaid ➔ CSHCN
Third Party Resources – TPR
Filing Deadlines

95 | 110 | 120 | 365
Remittance and Status Report
Remittance and Status Report

1. Access TexMedConnect on TMHP.com
Remittance and Status Report

2. Enter your user name and password
Remittance and Status Report

3. Click the “R&S” link
4. Choose the correct NPI

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Address</th>
<th>Taxonomy Code</th>
<th>Benefit Code</th>
<th>Description</th>
<th>Modified</th>
<th>File Size</th>
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<tbody>
<tr>
<td></td>
<td>1217121712</td>
<td>1221 EAST ST</td>
<td>281N00000X</td>
<td></td>
<td>NPI/API/Provider Number</td>
<td>5/21/2006 10:14:41 AM</td>
<td></td>
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</tbody>
</table>

Associate additional National Provider Identifiers (Acute Care Providers) or Provider Numbers (Long Term Care) or change your delivery options on the My Account page (You must be a Provider Administrator to change configuration).

For more information or for problems, please contact the EDI Helpdesk at 1-888-863-3638.
5. Select the appropriate program (program 100 and 200 are combined on one R&S)
Remittance and Status Report

6. Choose the appropriate R&S by date
Durable Medical Equipment (DME) Workshop

Remittance and Status Report

Date: 02/01/2009

Mail original claim to:
Texas Medicaid & Healthcare Partnership
P.O. Box 200555
Austin, Texas 78720-0855

Mail all other correspondence to:
Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422
(800) 925-9126

TEENSS PROVIDER
PO BOX 688484
DALLAS, TX 75888-1234
(214) 555-4141

TPID: 1234567890
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code:
Report Seq. Number: 35
RNS Number: 2460000

Remittance and Status Report

(10/24/08 THROUGH 11/14/08) *****ATTENTION ALL MEDICAID PROVIDERS*****

Effective for dates of service on or after September 1, 2007, the Texas Medicaid Program is implementing benefit changes for respiratory syncytial virus (RSV) prophylaxis palivizumab (Synagis). Details of these changes are available on the TMHP website at www.tmhp.com and will also be available in the January/February 2008 Texas Medicaid Bulletin, No. 212. For more information, call the TMHP Contact Center at 1-800-925-9126
Claim Appeal
Filing an Appeal – Electronic

1. Access TexMedConnect on TMHP.com
Filing an Appeal – Electronic

2. Enter your user name and password
Filing an Appeal – Electronic

3. Click “Appeals” in the left navigation panel
Filing an Appeal – Electronic

4. Enter the claim number you want to appeal
   - If you do not know the claim number, enter information about the claim and “Search”
   - Claim Status Inquiry (CSI) Search Details screen appears if match is found

5. Click “Appeal Claim” to initiate appeal
Filing an Appeal – Electronic
Filing an Appeal – Automated Inquiry System (AIS)
Filing an Appeal - Paper
Waste, Abuse, and Fraud

- Online:
  - Go to www.hhsc.state.tx.us
  - Select “Report Waste, Abuse, and Fraud”
- Call the OIG hotline at 1-800-436-6184
Provider Responsibilities

- Eligibility Verification
- Service without Discrimination
- HIPAA Compliance
- Authorizations
- Notifying TMHP of any changes
- Child Abuse reporting
- Record Retention
- Payment Reconciliation
- Fraud Reporting
- Read bulletin and banner messages
Provider Enrollment
Workshop Review

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