



February 2017

## Quarterly provider updates for benefit changes

Key items from the Special Bulletin and Banners are highlighted below along with a link to the published articles from the TMHP website.

### **Benefit Criteria to Change for Respiratory Equipment and Supplies**

#### **Effective March 1, 2017**

- New prior authorization (Fee-For-Service) forms
- New benefits for respiratory equipment and supplies
- Benefit criteria and limitation changes
- Services that are no longer a benefit
- Diagnosis restrictions removed from procedure codes
- Some benefits will no longer require prior authorization (Fee-For-Service)

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Benefit%20Criteria%20to%20Change%20for%20Respiratory%20Equipment%20and%20Supplies%20Effective%20March%201,%202017.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Benefit%20Criteria%20to%20Change%20for%20Respiratory%20Equipment%20and%20Supplies%20Effective%20March%201,%202017.pdf)

### **Cardiorespiratory Monitor (CRM) Benefits to Change**

#### **Effective March 1, 2017**

- The age range for Cardiorespiratory Monitor (CRM) has been expanded to include clients 5 months of age and above, it is no longer limited to clients under the age of 21. CRM may be rented or purchased with prior authorization (Fee-For-Service).
- CRM with recording feature may be rented for a maximum of two months for Medicaid clients from birth to age 4 months without prior authorization.

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Cardiorespiratory%20Monitor%20\(CRM\)%20Benefits%20to%20Change%20Effective%20March%201,%202017.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Cardiorespiratory%20Monitor%20(CRM)%20Benefits%20to%20Change%20Effective%20March%201,%202017.pdf)

### **Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices (RADs), Including Bi-Level PAP Benefit Criteria to Change for Texas Medicaid**

#### **Effective March 1, 2017**

- Benefit criteria for CPAP and RADs have been expanded and are based on Centers for Medicare & Medicaid Services (CMS) coverage determinations.
- The [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#) is no longer required for CPAP or RAD prior authorization requests. Prescribing providers must maintain the original, completed, signed and dated Texas Medicaid Prior Authorization Request for CPAP or RAD (Bi-level PAP) in the client's medical record. The DME provider needs to maintain a copy of the completed, signed, and dated form in the client's record.
- Chinstrap (procedure code A7036) will be a new benefit.



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Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17\\_CPAP\\_and\\_RADs,\\_Including\\_Bi-Level\\_PAP\\_Benefit\\_Criteria-Change-TX\\_Medicaid\\_Eff\\_3-1-17.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17_CPAP_and_RADs,_Including_Bi-Level_PAP_Benefit_Criteria-Change-TX_Medicaid_Eff_3-1-17.pdf)

### **Humidifiers, Heating Elements, Compressors, and Large Volume Nebulizers Benefit Criteria to Change**

**Effective March 1, 2017**

- Humidification and heated humidification systems may be considered for rental or purchase with prior authorization (Fee-For-Service) and documentation of medical necessity.
- Large volume nebulizer jars used with other respiratory equipment, such as compressors, may be a benefit when medically necessary and may be considered for purchase without prior authorization.

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Humidifiers,%20Heating%20Elements,%20Compressors,%20and%20Lg%20Vol%20Nebulizers--3-1-17.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Humidifiers,%20Heating%20Elements,%20Compressors,%20and%20Lg%20Vol%20Nebulizers--3-1-17.pdf)

### **Mechanical Ventilation Equipment, Tracheostomy Tubes, and Other Related Supplies Benefit Criteria to Change for Texas Medicaid**

**Effective March 1, 2017**

- The Ventilator Service Agreement is no longer a benefit and the form has been discontinued.
- Tracheostomy tube and supply modifiers will change. The TG and TF modifiers will no longer be accepted on prior authorization (Fee-For-Service) requests or claims for tracheostomy tubes and supplies. Providers are to use:
  - U1 for specialized but non-customized tracheostomy tubes with specialized functions
  - U2 for customized tracheostomy tubes

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Mechanical%20Ventilation%20Equipment,%20Tracheostomy%20Tubes-%20Supplies-%20TX%20Medicaid%20%20Eff%203-1-17.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Mechanical%20Ventilation%20Equipment,%20Tracheostomy%20Tubes-%20Supplies-%20TX%20Medicaid%20%20Eff%203-1-17.pdf)

### **New Respiratory Prior Authorization (Fee-For-Service) Forms**

**Effective March 1, 2017**

- Providers will only be required to submit the [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#) to request prior authorization for certain respiratory services.
- New prior authorization forms have been created for certain home health respiratory DME or medical supplies
- Three prior authorization forms related to respiratory services will be discontinued.



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Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20New%20Respiratory%20Prior%20Authorization%20Forms%20to%20be%20Effective%20March%201,%202017.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20New%20Respiratory%20Prior%20Authorization%20Forms%20to%20be%20Effective%20March%201,%202017.pdf)

### **Oxygen Therapy Benefits to Change for Texas Medicaid**

#### **Effective March 1, 2017**

- All oxygen therapy equipment that is rented requires prior authorization (Fee-For-Service)
- Oxygen therapy related supplies do not require prior authorization for client owned equipment

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Oxygen%20Therapy%20Benefits%20to%20Change%20for%20Texas%20Medicaid%20Effective%20March%201,%202017.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Oxygen%20Therapy%20Benefits%20to%20Change%20for%20Texas%20Medicaid%20Effective%20March%201,%202017.pdf)

### **Pulse Oximeter Benefit Changes for All Ages**

#### **Effective March 1, 2017**

- Short-term pulse oximeter rental is covered for clients of any age without prior authorization, limited to one month, every six months
- Pulse oximeter probes are included in the pulse oximeter rental
- Reusable pulse oximeter probes are a benefit for client-owned equipment.
- Reusable and disposable pulse oximeter probes for client-owned equipment do not require prior authorization with the defined limitations of the benefit.

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Pulse%20Oximeter%20Benefit%20Changes%20for%20All%20Ages%20Effective%20March%201,%202017.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Pulse%20Oximeter%20Benefit%20Changes%20for%20All%20Ages%20Effective%20March%201,%202017.pdf)

### **Secretion and Mucus Clearing Devices Benefit Criteria**

#### **Effective March 1, 2017**

- The flutter valve (procedure code S8185) is no longer diagnosis restricted
- Rental or purchase of an IPPB (procedure code E0500) is a benefit without diagnosis restrictions and with prior authorization (Fee-For-Service)

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Secretion%20and%20Mucus%20Clearing%20Devices%20Benefit%20Criteria%20to%20Change%20Eff%203-1-17.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Secretion%20and%20Mucus%20Clearing%20Devices%20Benefit%20Criteria%20to%20Change%20Eff%203-1-17.pdf)

### **Small Volume and Ultrasonic Nebulizer Benefit Criteria**

#### **Effective March 1, 2017**

- Small volume nebulizers and supplies may be considered for purchase without prior authorization for the medical conditions outlined in the table below.



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- Ultrasonic nebulizers or electronic aerosol generators are a benefit when medically necessary and may be considered for purchase with prior authorization (Fee-For-Service).

Link: [http://www.tmhp.com/News\\_Items/2017/01-Jan/01-04-17%20Small%20Volume%20and%20Ultrasonic%20Nebulizer%20Benefit%20Criteria%20to%20Change%20for%20TX%20Med%20Eff%203-1-17.pdf](http://www.tmhp.com/News_Items/2017/01-Jan/01-04-17%20Small%20Volume%20and%20Ultrasonic%20Nebulizer%20Benefit%20Criteria%20to%20Change%20for%20TX%20Med%20Eff%203-1-17.pdf)

### **Outreach and Identification of Children of Migrant Farmworkers Texas Medicaid Managed Care Organization 2016 Rankings**

HHSC ranks health and dental plans based on three things:

- (1) How the plan works with groups serving migrant farmworkers.
- (2) How often the plans work with these groups.
- (3) The ways plans identify children of migrant farmworkers.

### **Additional Mental Health Screening Tools for THSteps Checkups**

Effective February 1, 2017

- The Pediatric Symptom Checklist-17 (PSC-17) may be used during a Texas Health Steps (THSteps) checkup when performing the required mental health screening for clients who are 12 through 18 years of age.

### **DME and expendable medical supplies are reimbursed in accordance with 1 TAC §355.8441.**

**DME Providers may be reimbursed for DME through manual pricing. If manual pricing is used, the provider must request prior authorization and submit documentation of either of the following:**

- The MSRP or AWP, whichever is applicable.
- The provider's documented invoice cost.

**Manually priced items are reimbursed as follows as is appropriate:**

- MSRP less 18 percent or AWP less 10.5 percent, whichever is applicable.
- The provider's documented itemized invoice for determination of unit cost. Generic invoices submitted without itemization will be denied.