



COMMISSIONER
Adelaide Horn

August 20, 2007

To: Home and Community-based Waiver Services (HCS) Providers
Texas Home Living (TxHmL) Waiver Providers

Subject: Texas Department of Aging and Disability Services
Chief Financial Office
Information Letter No. 07-73
Billable Adaptive Aids

This is to remind providers of the documentation requirements that must be followed when billing for Adaptive Aids. Adaptive Aids that are marked with either a (1) or a (2) in Attachment G of the HCS *Program Billing Guidelines* require proof they are not reimbursable from either Medicaid or Medicare. This documentation is required whether the adaptive aid costs more than \$500 or less than \$500 as described on pages 6.01 - 4 and 6.01 - 5 of the Billing Guidelines. Relevant excerpts from both pages are provided below for ease of reference:

Except as provided in clause (II) of this subparagraph, for an adaptive aid noted on Attachment G, "Billable Adaptive Aids," with a (1), or for an adaptive aid noted with a (2) for an individual who is under 21 years of age, the program provider must obtain **one** of the following as proof of non-coverage by Medicaid:

- A letter from Texas Medicaid Healthcare Partnership (TMHP) that includes:

A statement that the requested adaptive aid is denied under the Texas Medicaid Home Health Services or the Texas Health Steps programs; and

The reason for the denial which must **not** be one of the following:

- Medicare is the primary source of coverage;
 - information submitted to TMHP to make payment was incomplete, missing, insufficient or incorrect;
 - the request was not made in a timely manner; or
 - the adaptive aid must be leased;
- A letter from TMHP stating that the adaptive aid is approved and the amount to be paid, which must be less than the cost of the requested adaptive aid; or
 - A provision from the current Texas Medicaid Providers Procedure Manual stating that the requested adaptive aid is not covered by the Texas Medicaid Home Health Services or the Texas Health Steps Programs.

Providers should be aware that the Client Assignment and Registration (CARE) system does not differentiate between wipes and gloves because the service code is the same for both items. As a result, a claim for both wipes and gloves may be denied if insufficient documentation is submitted on a billing authorization for either the wipes or the gloves. To assist in reducing the potential for billing delays affecting wipes and gloves, it is therefore recommended that providers purchase wipes and gloves separately so they may be authorized for reimbursement independently of each other.

If you have further questions regarding this letter, contact Mark Dermit at (512) 438-2120.

Sincerely,

[signature on file]

Gordon Taylor
Chief Financial Officer

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