



COMMISSIONER
Adelaide Horn

June 23, 2009

To: Community Based Alternatives (CBA) Home and Community Support Services Agencies (HCSSAs),
Integrated Care Management Waiver (ICMW) HCSSAs,
Consolidated Waiver Program (CWP) HCSSAs, and
Programs of All-Inclusive Care for the Elderly (PACE) Providers

Subject: Information Letter No. 09-67
Clarification That Time Using Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP) Devices Cannot Be Counted as Time to Request Reimbursement for Ventilator/Respirator

Effective with the posting of this letter, providers completing the Medical Necessity/ Level of Care (MN/LOC) assessment must not include the use of a Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP) device under Field S6b. Instructions for the MN/LOC have been revised as follows:

P1. Special Treatments, Procedures, and Programs

a. I. - Ventilator or Respirator -

*Assures adequate ventilation in individuals who are, or who may become, unable to support their own respiration. Includes any type of electronically or pneumatically powered closed system mechanical ventilatory support devices. Any individual who was in the process of being weaned off of the ventilator or respirator in the last 14 days should be coded under this definition. **Does not include Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP) devices, these should be reported via S8.***

This clarification supersedes previous instructions provided on page 77 of *The Detailed Guide for Completing the MN and LOC Assessment, Item by Item*. The revised and correct instructions are available on the DADS provider website at:

<http://www.dads.state.tx.us/providers/TILEStoRUGS/MNLOCAssessmentGuide.pdf>.

If you have questions regarding this letter, please contact your program policy specialist at (512) 438-3015.

Sincerely,

[signature on file]

Tommy Ford
Interim Director
Community Services

TF:ss