



COMMISSIONER
Chris Traylor

February 1, 2010

To: Home and Community-Based Services (HCS) Providers
Texas Home Living (TxHmL) Providers
Consumer Directed Service Agencies (CDSA)

Subject: Information Letter No. 10-11
Texas Department of Aging and Disability Services (DADS)
HCS & TxHmL Prior Approval Amount Change

Effective February 1, 2010, DADS is implementing a change in recommended adaptive aid and minor home modification prior approval amount thresholds. These changes have been implemented to expedite prior approval processes and are recommended, not required.

Adaptive Aid Prior Approval Cost Changes: Previously, prior approval recommendation was made for adaptive aids costs that met or exceeded \$500. Prior approval is now recommended for adaptive aids costs that meet or exceed \$1000.

Minor Home Modification Prior Approval Cost Changes: Previously, prior approval recommendation was made for minor home modifications costs that met or exceeded \$1000. Prior approval is now recommended for minor home modifications costs that meet or exceed \$2500.

Remember: If the item, service or adaptation being requested does not appear on Attachment G, "Billable Adaptive Aids," or Attachment J, "Billable Minor Home Modifications," then the item, service or adaptation is not a billable item; and the item, service or adaptation will not be given prior approval. Recoupment will be required if not "billable." Please follow directions for Attachment H when submitting a prior approval request.

Prior Approvals: Prior Approval packets may be submitted either by mail or by fax.

By Fax: Fax all prior approval packets to: **512-438-2695. Attn: AA/MHM Committee**

By Mail: Providers that mail their packets to DADS for prior approval should use **Mail Code W-200** with the address listed on the bottom of this page.

Status Requests: If you have submitted a request for prior approval, you must first check the prior approval status on the C75 screen in CARE for any submissions occurring 30 days following the initial submission before contacting DADS staff for any status requests.

Denied Claims: Before contacting Provider Claims Services regarding HCS and TxHmL claim denials, please make certain you have researched the following information to verify why you have not been paid:

- Denial Report (HC062015-CARE system – Use this report to check the reason for the denial. If you cannot access your Denial Reports, please call the Health and Human Services (HHS) Consolidated Help Desk at 512-438-4720.
- CARE Screen C63- Is the Medicaid eligibility current? If not, contact Medicaid Eligibility [<https://www.yourtexasbenefits.com/wps/portal>] or talk with a Customer Care Representative by calling **2-1-1**.
- CARE Screen C62 – Is there a Provider Hold? If so, check the reason for the denial and contact the appropriate department if you still have questions.
- CARE Screen C88 – Is there a Consumer Hold? If so, check the reason for the denial and contact the appropriate department if you still have questions.
- CARE Screen C72 – Are there sufficient units of service on the Individual Plan of Care (IPC) for the services you are billing for and is the date range correct for the IPC? If so, contact DADS Utilization Review at (512) 438-5055.

Policy Questions: If you have billing guideline or policy questions, call 512-438-5359 to leave a message on the Billing and Payment Hotline and your call will be returned within two business days.

Sincerely,

[signature on file]

Tommy Ford, Director
Community Services Section
Provider Services

TF: rz