Revision 21-3, Billing Requirements, Provider Fiscal Compliance and TMHP

Revision 21-3; Effective August 1, 2021

Revised	Title	Change
Entire Billing Requirements	Various Sections	Changed "Billing Guidelines" to "Billing Requirements". Changed "Billing and Payment" to "Provider Fiscal Compliance". Changed "TxHmLBG" to "TxHmLBR", Changed "DADS" to "HHSC"
Section 2000	Definitions	Added Definitions: DME, DME MAC, TxHmL Contract, and TMHP. Removed "DADS" definition.
Section 3210	(Service Claim Requirements) General Requirements	Added requirement that a service claim must identify the service provider delivering the service compoment or subcomponent.
Section 6160	Required Documentation for an Adaptive Aid	For proof of non coverage by Medicaid and Medicare deleted "Durable Medical Equipment" and replaced with "DME."
Section 6160	Required Documentation for an Adaptive Aid	Added for additional documentation required for individuals who are eligible for Medicare language to clarify individuals not enrolled in a Medicare Advantage Plan.
Section 6160	Required Documentation for an Adaptive Aid	Added for additional documentation for individuals who are eligible for Medicare that one of the following documents required can be the Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 4, Section 280.1 stating that the requested adaptive aid is not covered by Medicare.

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Section 6160	Required Documentation for an Adaptive Aid	Deleted "Region C DMERC (Durable Medical Equipment Region C) DMEPOS (Durable Medical Equipment Prosthetics, Orthotics, and Supplies)" and Replaced with "DME MAC Jurisdiction C Supplier Manual Supplier".
Section 6160	Required Documentation for an Adaptive Aid	Added for additional documentation for individuals who are eligible for Medicare that for an individual who is enrolled in a Medicare Advantage Plan, a program provider must obtain one of the following for an adaptive aid noted with a (1) or (2) on Appendix IV: ○ a copy of an Explanation of Benefits (EOB) from the Medicare Advantage Plan; ○ or a denial notice from the Medicare Advantage Plan

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Section 6160	Required Documentation for an Adaptive Aid	Added for unacceptable documentation examples of documentation that are not acceptable as proof of non-coverage: ○ a statement from a Medicaid enrolled DME provider that the requested adaptive aid is not medically necessary; ○ a statement from a Medicaid enrolled DME provider that the request was not made in a timely manner; ○ a statement from a Medicaid enrolled DME provider that the requested adaptive aid must be leased;
Section 6160	Required Documenation for an Adaptive Aid	For unacceptable documentation deleted "Durable Medical Equipment" and removed parenthesis around DME.
Section 6170	Authorization for Reimbursement	Deleted Section 6170 regarding Authorization for Reimbursement.
Section 6230	Adaptations Not Billable	Added for Adaptations Not Billable "(c)Items or Services Not Included in the Selected Bid ○ An item or service that is not included in the bid upon which the request for reimbursement is based is not billable."
Section 6250	Required Documentation for a Minor Home Modification	Deleted references to "payment" and replaced with "reimbursement"

Revised	Title	Change
Section 6260	Authorization for Reimbursement	Deleted Section 6260 regarding Authorization for Reimbursement
Section 6370	Authorization for Reimbursement	Deleted Section 6370 regarding Authorization for Reimbursement
Appendix I	Provider Fiscal Compliance Review Protocol	For provider fiscal compliance review protocol, deleted "provider agreements" and replaced with "contracts"
Appendix I	Provider Fiscal Compliance Review Protocol	For provider fiscal compliance review protocol, added fax or email as ways HHSC can notify a program provider, and deleted "facsimile".
Appendix I	Provider Fiscal Compliance Review Protocol	For provider fiscal compliance review protocol, revised wording to clarify calendar days.
Appendix I	Provider Fiscal Compliance Review Protocol	For routine reviews, revised wording to clarify each TxHmL contract of the program provider.
Appendix I	Provider Fiscal Compliance Review Protocol	For routine reviews, revised wording to clarify the previous routine review.
Appendix I	Provider Fiscal Compliance Review Protocol	For routine review process, removed references to unverified claims and claims to be recouped and replaced with overpayments.
Appendix I	Provider Fiscal Compliance Review Protocol	For desk review, revised to add clarity about the date a notice is received by a program provider in regards to fax, email, or certified mail.
Appendix I	Provider Fiscal Compliance Review Protocol	For desk review, added acceptable proof of receipt for fax and email.

Revised	Title	Change
Appendix I	Provider Fiscal Compliance Review Protocol	For routine review process, deleted "The review team" and replaced with "HHSC".
Appendix I	Provider Fiscal Compliance Review Protocol	For desk review process, added information for if HHSC requires a program provider to take corrective action and the program program provider does not request an administrative hearing.
Appendix I	Provider Fiscal Compliance Review Protocol	Revised language to provide clarity on the overpayment process.
Appendix IV	Billable Adaptive Aids	Added a siderail for a hospital bed and a side rail for a non-hospital bed for adaptive aid 450.
Appendix V	Billable Minor Home Modifications	Added "Billable" for title.
Appendix VII	Reserved for Future Use	Deleted Appendix VII regarding Minor Home Modifications, Adaptive Aids, or Dental Summary Sheet and reserved this appendix for future use.
TxHmLBR Contact Us	Contact Us	Removed direction to contact the accessibility department for accessibility issues. Updated email addresses.