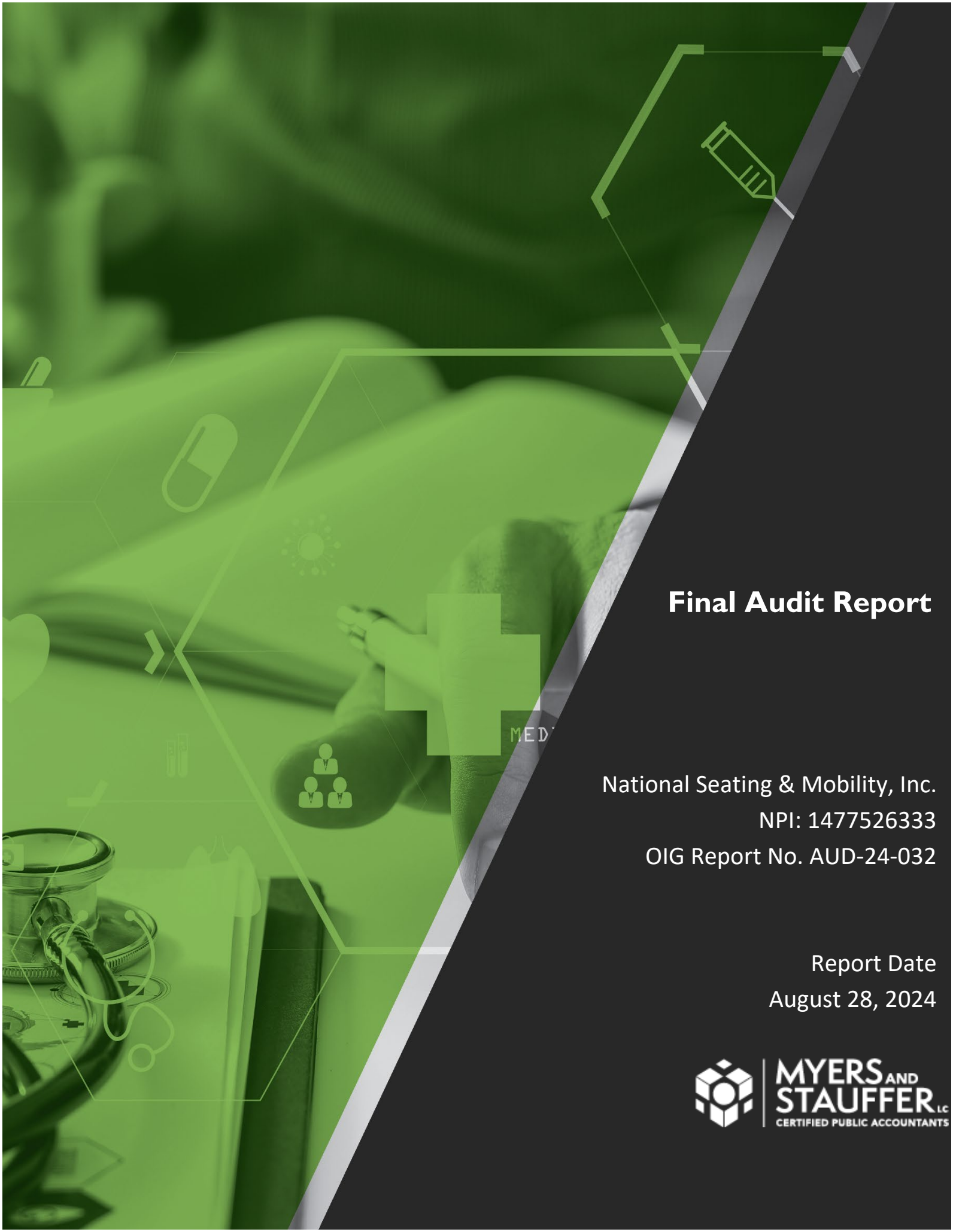

Final Audit Report

National Seating & Mobility, Inc.
NPI: 1477526333
OIG Report No. AUD-24-032

Report Date
August 28, 2024

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

Executive Summary

In coordination with the Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG), Myers and Stauffer LC (Myers and Stauffer) has completed the performance audit of National Seating & Mobility, Inc. (Provider). The purpose of the performance audit was to determine whether paid managed care organization (MCO) durable medical equipment (DME) claims billed and paid under the state Medicaid program were in accordance with applicable state and federal Medicaid laws, regulations, rules, policies, and contractual requirements.

We conducted this audit in accordance with the performance audit provisions of Generally Accepted Government Auditing Standards (GAGAS) issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to sufficiently obtain appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The purpose of this performance audit report is to clearly communicate the results of the audit to those charged with governance, Provider management, and the appropriate oversight officials.

The audit focused on certain paid MCO DME claims with dates of service during September 1, 2020, through August 31, 2022. The audit identified 67 of the 1,080 reviewed DME claim lines did not comply with relevant policies. This includes claim lines with incomplete DME Certification Forms, unsupported billed charges, missing prior authorizations, and incorrect procedure codes.

Background and Criteria

HHSC-OIG contracted Myers and Stauffer to conduct audits of Medicaid claims billed by providers and paid by the state Medicaid program. Myers and Stauffer was engaged to perform a claims audit of National Seating & Mobility, Inc. (Provider). The audit focused on paid MCO DME claims having dates of service during the period September 1, 2020, through August 31, 2022.

The Provider is a DME provider located at 9494 Kirby Drive, Houston, TX 77054. They are part of a nationwide chain with branches located all across the United States as well as some areas of Canada. For more than 30 years, their primary focus has been on customizing chairs to meet the unique needs of their clients. They offer an ever-growing line of the latest mobility technology and accessibility equipment along with the skill and expertise of their dedicated Houston team. The Provider serves their local neighbors, as well as anyone within a 30-mile radius.

According to the Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook:

> *"Home health services include home health skilled nursing (SN), home health aide (HHA), physical therapy (PT) and occupational therapy services (OT); DME; and expendable medical supplies that are provided to eligible Medicaid clients at their place of residence.*
>
> *Texas Medicaid defines DME as medical equipment or appliances that are manufactured to withstand repeated use, ordered by a physician for use in the home, and required to correct or ameliorate a client's disability, condition, or illness. Since there is no single authority, such as a federal agency, that confers the official status of 'DME' on any device or product, HHSC retains the right to make such determinations with regard to Texas Medicaid DME benefits.*
>
> *Requested DME may be a benefit when it meets the Medicaid definition of DME. The majority of DME and expendable supplies are covered home health services."*

Claims for the medical supplies should comply with the Texas Administrative Code (TAC), Uniform Managed Care Manual, and MCO rules, if applicable.

Audit Objective

The objective of the claims audit was to determine whether paid MCO DME claims billed to, and paid under, the state Medicaid program were in accordance with applicable state and federal Medicaid laws, regulations, rules, policies and contractual requirements. The specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements tested were agreed to by HHSC-OIG in the approved audit test plan.

Sampling Overview

For the period January 1, 2019, through December 31, 2021, HHSC-OIG developed algorithms to identify risk areas for Texas Medicaid providers. The algorithms identified $5,450,617 at risk of $17,404,922 total DME reimbursements for the Provider. HHSC-OIG subsequently provided all at risk fee-for-service and

MCO encounter claims for the period of July 1, 2019, through August 31, 2023, to Myers and Stauffer for review. After additional analysis, HHSC-OIG provided only paid MCO claims for Texas Children's Health Plan (TCHP) to Myers and Stauffer for audit purposes covering the period of September 1, 2020, through August 31, 2022, totaling $7,796,307 in provider reimbursement.

The claims data was analyzed and the audit universe was established to include all claim lines for claims billed with healthcare common procedure coding system codes E1399 (durable medical equipment, miscellaneous) and/or K0108 (wheelchair component or accessory, not otherwise specified). Furthermore, only claims with total reimbursements greater than $300 were included in the audit universe.

A statistically valid random sample was selected from the claims universe created. The universe consists of 1,278 distinct claims (7,185 claim lines) for 794 unique recipients for which the Provider was reimbursed $3,276,427. The sample includes 193 distinct claims (1,080 claim lines) for 179 unique recipients for which the Provider was reimbursed $806,987.

Audit Process

Scope

The scope of this audit included the review of Medicaid paid MCO DME claims with dates of service during the period September 1, 2020, through August 31, 2022.

Testing to determine medical necessity of DME was outside the scope of the audit. However, Provider documentation was reviewed in order to determine that procedures were properly documented in accordance with the prior authorization process.

In gaining an understanding of internal controls, Myers and Stauffer limited the review to the Provider's overall internal control structure significant to the audit objectives. Myers and Stauffer determined significant internal controls to the audit objective include:

- **Control Environment:** The foundation for an internal control system. It provides the discipline and structure to help an entity achieve its objectives.
- **Control Activities:** The actions management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system, which includes the entity's information system.
- **Monitoring:** Activities management establishes and operates to assess the quality of performance over time and promptly resolve the findings of audits and other reviews.

Methodology

Myers and Stauffer conducted this performance audit in accordance with GAGAS and applicable TAC rules, including 1 TAC §371.1719, as appropriate. Those standards require that the audit is planned and performed to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and

conclusions based on our audit objectives. Audit testing was performed to verify compliance in the following areas:

- Verified providers were enrolled and approved for participation in the Medicaid program.
- Verified DME was prior authorized by HHSC (if applicable).
- Verified DME was prescribed by a licensed physician or allowed licensed practitioner.
- Verified the provider has completed the Texas Department of Health DME Certification and Receipt Form for any purchased DME to include:
  - The date that the client received the DME.
  - The name of the item.
  - The printed name of the client or primary caregiver.
  - The printed name of the provider.
  - The signature of the client or primary caregiver.
  - The signature of the provider.
- Verified records include:
  - Signature and date of authorizing physician no more than 60 days prior to the date of the requested prior authorization or initiation of service.
  - Procedure codes requested.
- Verified correct reimbursement was received for the DME or supply provided by reviewing:
  - The provider's billed charges.
  - The published fee determined by HHSC.
  - MCO agreed upon/contracted rate information.
  - If manually priced, the manufacturer's suggested retail price and provider's documented invoice cost.
- Verified all required records to support DME claims were properly maintained.
- Verified the correct modifier(s) and payment rate reductions were applied depending on the type of DME documented.

In addition, inquiries; observations; inspection of documents and records; review of other audit reports; and/or direct tests were performed to assess the design, implementation and/or operating effectiveness of controls determined significant to the audit objectives stated in the scope.

Audit Results

Myers and Stauffer believes the evidence obtained during the course of the claims audit provides a reasonable basis for the findings and conclusions based on the audit objective. The audit was not intended to discover all possible errors and any errors not identified within this report should not lead to a conclusion the practice is acceptable. Due to the limited nature of the review, no inferences should be drawn from this report with respect to the Provider's overall level of performance.

Findings

Myers and Stauffer identified findings on 67 of 1,080 DME claim lines. The findings for the claims universe are listed in detail in Appendix A. The summary of findings and supporting policies follows in the table below:

List of Findings and Supporting Policies

Finding No.	Finding Type	Finding Definition	Number of Claims with Finding	Supporting Policy
1	Incomplete DME Certification Form	The Texas Department of Health DME Certification and Receipt Form was missing the date of individual's receipt and/or client signature.	15	1 TAC §354.1185 1 TAC §354.1040(g)(1) DME Certification and Receipt Form
2	Billed Amount Not Supported	The billed charges reported on the claim were not supported by the documentation (e.g., MSRP) for manually priced claims.	46	1 TAC §354.1001(a),(b)
3	Prior Authorization Was Not Received	Prior authorization was not received for the DME provided.	4	1 TAC §371.1653(3) TCHP Provider Manual. 2020-2022
4	Incorrect Procedure Code	Procedure code E1399 was billed when a more appropriate code was available.	2	TCHP Guideline #9978

A lack of internal controls has been identified as a contributing cause of all findings included in the table above. The provider has not placed enough emphasis on designing, implementing, and effectively operating internal controls, to include ensuring DME Certification Forms are completed in their entirety, prior authorizations are received timely, appropriate procedures codes are billed, and all charges billed are supported. It does not appear that the Provider had sufficient controls in place to adequately review and document that the billed services were provided in accordance with required regulations. A lack of policies and/or oversight of established policies creates an environment in which management or personnel are unable to achieve the applicable control objectives and address related risks.

Recommendations

As noted above, the testing of the DME Certification and Receipt Form only resulted in two findings with a corresponding overpayment. However, testing identified additional instances in which the DME Certification and Receipt Form was not fully completed as required, to include the appropriate signatures. Instead, the Provider utilized a different internal form to capture this information. In instances when the internal form did include this information, it did not result in a finding. However, as the requirement is that this information be captured on the DME Certification and Receipt Form, Myers and Stauffer recommends the Provider update internal processes to ensure in the future the form is fully completed in accordance with 1 TAC §354.1185, TAC §354.1040(g)(1), and the instructions included on the DME Certification and Receipt Form.

Management's Response

A draft copy of this report was sent to the Provider on August 14, 2024. An exit conference was held on August 19, 2024, to discuss the preliminary findings. During the exit conference, the Provider stated they would work on providing a response after further review. The Provider responded with additional documentation for review on August 23, 2024. In the response, the Provider objected to 21 questioned claim lines as follows:

- **Finding No. 1 - Incomplete DME Certification Form:** The Provider stated that the DME Certification Form was not required for two claim lines as the items in question were less than $2,500 separately and in total.
- **Finding No. 2 - Billed Amount Not Supported:** The Provider was not in agreement with 18 of the questioned claim lines and submitted additional documentation to support the charges billed on the claim lines in question.

In addition, the Provider submitted additional documentation for one claim line with a finding for Physician Order Not Obtained Timely.

Revised Findings Based on Management's Response

After reviewing the Provider's response and the additional documentation submitted, the findings were revised resulting in the number of questioned DME claim lines decreasing from the 86 identified in the Draft Audit Report to 67 claim lines. Findings were revised as follows:

- After reviewing the Provider's additional documentation for the finding of incomplete DME Certification Form, two findings were rescinded from the Draft Audit Report. It was determined that the section of the form indicating the DME was connected to a major modification of a wheeled mobility system, which requires completion of the form, had been completed erroneously and the supply was not connected to a major modification of a wheeled mobility system. The remaining findings were not revised from the Draft Audit Report.
- After review of the Provider's response and documentation submitted for the finding of billed amount not supported, 14 of these findings were rescinded. Alternatively, four findings were not revised from the Draft Audit Report; however, the associated overpayment amounts for two of the findings were reduced based on the additional documentation submitted, with the Provider agreeing with revised overpayment amounts. The overpayments associated with the remaining two findings did not change as the submitted documentation supports that the portion of the billed charges with which the provider disagrees are unsupported had been included and reimbursed on other claim lines of the same claim.
- After review of the Provider's response and documentation submitted for the finding of physician order not obtained timely, the finding was rescinded as the response and documentation supported the physician order was obtained timely.

Final Determination of Overpayment

The Medicaid-paid claims with identified findings are listed in detail in Appendix A of this report. The corresponding overpayment amount in Appendix A is only applicable to the sampled claims Myers and Stauffer reviewed during the audit. The overpayment calculated from our sample is $36,915.85. The sample was not confirmed to be representative of the universe; therefore, it would not be appropriate to project the test results to the universe.

The total amount due to HHSC-OIG is $36,915.85 for the claims included in this audit. Based on the finding cited in this Final Audit Report, the Provider is directed to:

- Remit the overpayment in the amount of $36,915.85 pursuant to 1 TAC §371.1719, Recoupment of Overpayments Identified by Audit. Payment is to be made to HHSC-OIG.
- Comply with all state and federal Medicaid laws, regulations, rules, policies and contractual requirements.

Appendix A - Detailed Findings

National Seating & Mobility, Inc.
Project Number 032
NPI 1477526333

Original Claims Information										Audit Determination					
Sample Line Number	MCO Name	State Issued Medicaid ID	Member Full Name	Claim Number	Date of Service	Procedure Code	Procedure Modifier 1	Units Billed	Billed Amount	Paid Amount	Finding Type	Supporting Policy Reference	Recoupment Type	Adjusted Procedure Code	Corrected Claim Payment	Overpayment Amount
9	Texas Children's Health Plan	[redacted]					NU	1	[redacted]		BILLED AMOUNT NOT SUPPORTED	B	1	[redacted]	$2,446.06	$5.74
76	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$1,914.70	$459.20
77	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$2,140.20	$459.20
82	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$2,308.30	$1,295.60
114	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$1,914.70	$307.50
170	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$36.90	$36.90
190	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$286.18	$343.42
194	Texas Children's Health Plan						NU	2			BILLED AMOUNT NOT SUPPORTED	B	1		$170.56	$204.67
199	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$550.22	$660.26
206	Texas Children's Health Plan						NU	1			PRIOR AUTHORIZATION WAS NOT RECEIVED	E, F	2		$0.00	$654.16
207	Texas Children's Health Plan						NU	1			PRIOR AUTHORIZATION WAS NOT RECEIVED	E, F	2		$0.00	$727.91
208	Texas Children's Health Plan						NU	3			PRIOR AUTHORIZATION WAS NOT RECEIVED	E, F	2		$0.00	$2,553.04
209	Texas Children's Health Plan						NU	1			PRIOR AUTHORIZATION WAS NOT RECEIVED	E, F	2		$0.00	$1,088.65
222	Texas Children's Health Plan						NU	2			BILLED AMOUNT NOT SUPPORTED	B	1		$138.58	$4.39
223	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$761.58	$24.14
262	Texas Children's Health Plan						NU	20			INCORRECT PROCEDURE CODE	G	1		$261.60	$320.60
270	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$225.50	$180.40
292	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$3,125.02	$63.96
320	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$218.12	$6.92
364	Texas Children's Health Plan						NU	4			BILLED AMOUNT NOT SUPPORTED	B	1		$91.84	$20.16
365	Texas Children's Health Plan						NU	2			BILLED AMOUNT NOT SUPPORTED	B	1		$47.56	$10.44
366	Texas Children's Health Plan						NU	2			BILLED AMOUNT NOT SUPPORTED	B	1		$39.36	$8.64
367	Texas Children's Health Plan						NU	6			BILLED AMOUNT NOT SUPPORTED	B	1		$713.40	$156.60
368	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$2,513.30	$551.70
369	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$2,804.40	$615.60
371	Texas Children's Health Plan						NU	2			BILLED AMOUNT NOT SUPPORTED	B	1		$48.38	$10.62
372	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$35.26	$7.74
373	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$48.38	$10.62
374	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$565.05	$124.03

Appendix A - Detailed Findings

National Seating & Mobility, Inc.
Project Number 032
NPI 1477526333

Original Claims Information										Audit Determination					
Sample Line Number	MCO Name	State Issued Medicaid ID	Member Full Name	Claim Number	Date of Service	Procedure Code	Procedure Modifier 1	Units Billed	Billed Amount, Paid Amount	Finding Type	Supporting Policy Reference	Recoupment Type	Adjusted Procedure Code (if applicable)	Corrected Claim Payment	Overpayment Amount
391	Texas Children's Health Plan	[redacted]					NU	2	[redacted]	BILLED AMOUNT NOT SUPPORTED	B	1	[redacted]	$81.18	$81.18
392	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$3,108.62	$3,061.06
393	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$2,519.04	$1,223.44
404	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$30.18	$26.40
413	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$438.70	$138.77
416	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$367.36	$212.05
417	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$49.20	$39.36
420	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$313.65	$9.94
458	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$1,832.70	$582.20
459	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$2,058.20	$541.20
511	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$2,308.30	$147.60
686	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	2		$0.00	$100.04
739	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$147.60	$118.08
740	Texas Children's Health Plan						NU	1		BILLED AMOUNT NOT SUPPORTED	B	1		$159.90	$127.92
743	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$205.00
744	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$1,178.34
745	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$1,046.32
746	Texas Children's Health Plan						NU	2		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$44.28
747	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$218.12
748	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$186.14
749	Texas Children's Health Plan						NU	2		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$138.58
750	Texas Children's Health Plan						NU	2		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$169.74
751	Texas Children's Health Plan						NU	2		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$204.18
752	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$120.13
753	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$335.17
754	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$429.68
755	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$308.32
756	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$15.58
757	Texas Children's Health Plan						NU	1		INCOMPLETE DME CERTIFICATION FORM	A, C, D	2		$0.00	$108.24

Appendix A - Detailed Findings

National Seating & Mobility, Inc.
Project Number 032
NPI 1477526333

Original Claims Information											Audit Determination					
Sample Line Number	MCO Name	State Issued Medicaid ID	Member Full Name	Claim Number	Date of Service	Procedure Code	Procedure Modifier 1	Units Billed	Billed Amount	Paid Amount	Finding Type	Supporting Policy Reference	Recoupment Type	Adjusted Procedure Code (if applicable)	Corrected Claim Payment	Overpayment Amount
810	Texas Children's Health Plan	[redacted]					NU	1	[redacted]		BILLED AMOUNT NOT SUPPORTED	B	1	[redacted]	$62.13	$300.66
940	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$7,453.80	$5,963.04
997	Texas Children's Health Plan						NU	1			NCORRECT PROCEDURE CODE	G	1		$86.42	$5,758.54
1029	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$1,316.10	$1,579.32
1037	Texas Children's Health Plan						NU	2			BILLED AMOUNT NOT SUPPORTED	B	1		$138.58	$166.30
1041	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$550.22	$365.96
1042	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$358.34	$249.92
1045	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$209.26	$251.12
1046	Texas Children's Health Plan						NU	1			BILLED AMOUNT NOT SUPPORTED	B	1		$209.26	$251.12
Totals									**$109,349.96**	**$84,119.74**					**$47,203.89**	**$36,915.85**

Legends

Finding Type	Policy Reference	Recoupment Type	Definition
INCOMPLETE DME CERTIFICATION FORM	A, C, D	2	The Texas Department of Health DME Certification and Receipt Form was missing the date of individual's receipt and/or provider signature.
BILLED AMOUNT NOT SUPPORTED	B	1, 2	The billed charges reported on the claim were not supported by the documentation (e.g., MSRP) for manually priced claims.
PRIOR AUTHORIZATION WAS NOT RECEIVED	E, F	2	Prior authorization was not received for the DME provided.
INCORRECT PROCEDURE CODE	G	1	Procedure code E1399 was billed when a more appropriate code was available.

Recoupment Type	Recoupment Type Definition
1	Partial Recoupment
2	Full Recoupment

Reference	Supporting Policy	Policy
A	1 TAC §354.1185	Providers of DME must sign the Texas Department of Health (department) DME Certification and Receipt prior to submitting any claim to the department's designee for payment for DME. The DME provider must maintain the DME Certification and Receipt in the provider's office and must produce it for review upon the request of the department or its designee. The signature of the DME provider certifies that the: (1) recipient has received the equipment as prescribed by the physician; (2) equipment has been properly fitted to the recipient and/or meets the recipient's needs; and (3) recipient, the parent or guardian of the recipient, and/or the primary caregiver of the recipient, has received training and instruction regarding the equipment's proper use and maintenance.
B	1 TAC §354.1001(a),(b)	(a) Eligible providers are required to provide separate claim information for each eligible recipient. Claims must be complete, accurate, and as specified by the Texas Health and Human Services Commission (HHSC) or its designee. (b) Required information includes the following: (1) name, address, and appropriate Texas provider identification number of the provider of services or supplies or both; (2) the date of the claim; (3) the name, address, identification number, and date of birth of the individual who received services or supplies or both; (4) the type of such services or supplies or both provided; (5) the date(s) each service or supplies or both were provided; (6) the amounts of each charge for the various types of services or supplies or both; (7) the total charge for services or supplies or both; (8) credits for any payments made at the time of submission of the claim, including payments made by private health insurance and under Medicare; (9) indication that the eligible recipient has health, accident, or other insurance policies, or is covered by private or governmental benefit systems, or other third party liability, when reported, known, or suspected; (10) the date of the eligible recipient's death, if applicable; and (11) the name and associated national provider identifier of: (A) the eligible billing provider; (B) the ordering or referring provider or other professional, if services or supplies, or both, are ordered or referred; and (C) the supervising and supervised provider, except for pharmacy claims, if: (i) the services or supplies, or both, were provided due to a referral or ordered by a provider; (ii) the referring or ordering provider is acting at the direction or under the supervision of another provider; and (iii) the referral or order is based on the supervised provider's evaluation of the recipient or enrollee.
C	1 TAC §354.1040(g)(1)	Documentation requirements for reimbursement. The following documentation must be submitted by the enrolled DME supplier with the claim for consideration of reimbursement for a wheeled mobility system in a manner approved by HHSC. (1) A signed and dated HHSC DME Certification and Receipt Form as required in §354.1185 of this subchapter (relating to Provider Compliance with Durable Medical Equipment (DME) Certification Requirements)
D	DME Certification and Receipt Form	This certification is required by section 32.024 of the Human Resources Code and must be completed before the DME provider can be paid for durable medical equipment provided to a Medicaid client.... This form must be submitted to TMHP for a single DME product with an allowed amount of $2500 or more, for multiple DME products submitted on the same date of service that meet or exceed a total billed amount of $2500, or for a wheeled mobility system or major modification of a wheeled mobility system.... This form must be filled out completely; place none or N/A where applicable.

Legends

Finding Type	Policy Reference	Recoupment Type	Definition
INCOMPLETE DME CERTIFICATION FORM	A, C, D	2	The Texas Department of Health DME Certification and Receipt Form was missing the date of individual's receipt and/or provider signature.
BILLED AMOUNT NOT SUPPORTED	B	1, 2	The billed charges reported on the claim were not supported by the documentation (e.g., MSRP) for manually priced claims.
PRIOR AUTHORIZATION WAS NOT RECEIVED	E, F	2	Prior authorization was not received for the DME provided.
INCORRECT PROCEDURE CODE	G	1	Procedure code E1399 was billed when a more appropriate code was available.

Recoupment Type	Recoupment Type Definition
1	Partial Recoupment
2	Full Recoupment

Reference	Supporting Policy	Policy
E	1 TAC §371.1653(3)	A person is subject to administrative actions or sanctions if the person submits, or causes to be submitted, a claim for payment by the Medicaid or other HHS program: (1) for an item or service for which the person knew or should have known the claim or cost report was false or fraudulent; (2) for an item or service that was not provided as claimed; (3) for an item or service that requires prior authorization, prior order, or prescription, where prior authorization, prior order, or prescription was not properly obtained, including where prior authorization, prior order, or prescription requirements were met by misrepresentation or omission;
F	Texas Children's Health Plan Provider Manual 2020-2022	The following services require authorization: Wheelchairs and accessories.
G	Texas Children's Health Plan Guideline #9978	Miscellaneous DME (E1399) when billed amount exceeds $500 1. E1399 is only intended for use when a more appropriate code is not available. When an appropriate code does exist, that code must be used.