



Date: September 29, 2017

To: Nursing Facility Providers

Subject: Information Letter No. 17-22--Requesting Durable Medical Equipment and Customized Manual Wheelchairs through the Preadmission Screening and Resident Review Program

The purpose of this letter is to notify nursing facility (NF) providers of the requirements for requesting durable medical equipment (DME) and customized manual wheelchairs (CMWC) through the Preadmission Screening and Resident Review (PASRR) program.

In accordance with Title 40, Part 1, Texas Administrative Code §19.2754(a), relating to Requesting Authorization to Provide Durable Medical Equipment and Customized Manual Wheelchairs, when a NF identifies a PASRR resident who requires DME or a CMWC, the NF must:

- ensure a physical therapist or occupational therapist licensed in Texas assesses the designated resident for the DME or CMWC;
- request authorization to provide the DME or CMWC through the Long Term Care (LTC) Online Portal; and
- complete both the assessment tab and the service tab on the Nursing Facility Specialized Services (NFSS) form located in the LTC Online Portal.

For DME and CMWC requests, the NFSS form must include an uploaded manufacturer's suggested retail price (MSRP) list, such as Attachment 1 to this letter. The DME supplier must furnish information verifying the prices on the itemized MSRP list for each of the items listed. The pricing for each item must indicate the item is priced at an amount that is the same as or less than the MSRP. If the DME supplier does not provide an acceptable MSRP list, the provider must obtain a price list, catalog page or order form accompanied by a letter from the manufacturer with their letterhead, attesting that the information submitted is their MSRP list. The letter must include:

- the name of a contact person at the manufacturer,
- the contact person's title, and
- a phone number where the contact person can be reached.

The letter must also contain the Document Locator Number (DLN) found on the resident's most current PASRR Level I screening. Ideally, the DLN should be in a documentation or letter from the manufacturer, the NF must set the dropdown menu to "Pending State Review" to alert staff of the MSRP upload attachment.

Failure to submit required MSRP documentation in the allotted timeframe may result in a denial.

Receipt Certification for DMEs and CMWCs

Once the Health and Human Services (HHS) Intellectual and Developmental Disability (IDD) PASRR unit has approved a DME item or CMWC, the request will go into the "Pending NF Receipt" status on the LTC Online Portal. The provider will then order the DME item or CMWC from the DME supplier. Once the DME item or CMWC has arrived, a physical or occupational therapist licensed in Texas must ensure the DME item or CMWC fits properly and is the DME item or CMWC described in the assessment. The provider will then fill out a receipt certification attachment. This attachment must be uploaded into the LTC Online Portal and the status of the request set to "Pending State Confirmation." The signature by the therapist on this attachment certifies the item meets the needs of the resident as specified in the assessment. The receipt certification attachment also indicates, by the administrator's signature, the nursing facility received the item.

After the HHS IDD PASRR unit has received the receipt certification, staff will set the DME or CMWC request to "SAS Request Pending", thereby generating a service authorization in the Service Authorization System (SAS). **Failure to submit a receipt certification within 364 days of the approval date of the DME item or CMWC will delay or prevent the facility's reimbursement.**

[The Item-by-Item Guide for Completing the Authorization Request for PASRR NFSS Form is accessible on the HHS website.](#)

For assistance regarding submission of the NFSS form, NF providers should contact Texas Medicaid & Healthcare Partnership (TMHP) at 1-800-626-4117 and select option 1. For questions regarding the content of this letter, please contact the HHSC IDD PASRR unit at 1-855-435-7180.

Sincerely,

[signature on file]

Haley Turner
Deputy Associate Commissioner
Intellectual and Developmental Disabilities

Attachments



STELLAR HD

Order Form - USA
All Prices in U.S. Dollars, June 7, 2017

Purchase Order	Tag
Dealer/Organization Name	
Purchaser Name and Contact Information	
Mailing Address	
Shipping Address	

Please send your completed order form by email to info@pdgmobility.com or by fax to 877-323-9093.

Order Notes

Frame Type

<input checked="" type="checkbox"/> 2101000 Stellar HD 45" Manual Tilt Wheelchair	E1161	\$ 2,995
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Extended delivery lead times may apply.

Frame Options

Heavy Duty Base and Seat Frame X0108

<input checked="" type="checkbox"/> 2102045 450 lbs Weight Capacity, 45° of Tilt		\$ 600
<input type="checkbox"/> 2102060 600 lbs Weight Capacity, 25° of Tilt		\$ 900

User Weight Range
Required for selection of Gas Struts.

<input type="checkbox"/> 2102212 Up to 250 lbs (2 x 1200 Newton Gas Struts)		
<input type="checkbox"/> 2102308 250 lbs - 350 lbs (3 x 800 Newton Gas Struts)		
<input type="checkbox"/> 2102310 350 lbs - 425 lbs (3 x 1000 Newton Gas Struts)		
<input type="checkbox"/> 2102312 425 lbs - 600 lbs (3 x 1200 Newton Gas Struts)		

Seat Width

Standard Seat Widths

<input checked="" type="checkbox"/> 2103022 22" Seat Width	E2201	\$ 325
<input type="checkbox"/> 2103024 24" Seat Width	E2202	\$ 525
<input type="checkbox"/> 2103026 26" Seat Width	E2202	\$ 525
<input type="checkbox"/> 2103028 28" Seat Width	X0108	\$ 925
<input type="checkbox"/> 2103030 30" Seat Width	X0108	\$ 925
<input type="checkbox"/> 2103032 32" Seat Width	X0108	\$ 925

Seat Depth

Standard Seat Depths (Adjustable)

<input checked="" type="checkbox"/> 2104018 18" Seat Depth		\$ 325
<input type="checkbox"/> 2104019 19" Seat Depth		\$ 325
<input type="checkbox"/> 2104020 20" Seat Depth	E2203	\$ 475
<input type="checkbox"/> 2104021 21" Seat Depth	E2203	\$ 475
<input type="checkbox"/> 2104022 22" Seat Depth	E2204	\$ 750

Frame Color

PDG Primary Colors

<input type="checkbox"/> 2105000 Tracer Red
<input type="checkbox"/> 2105001 Gloss Black
<input type="checkbox"/> 2105002 Silver
<input type="checkbox"/> 2105003 Black Shimmer
<input type="checkbox"/> 2105004 Orange Fusion
<input type="checkbox"/> 2105005 Karl's Imagination
<input type="checkbox"/> 2105006 Blue Shimmer
<input type="checkbox"/> 2105007 Gloss White
<input type="checkbox"/> 2105008 Dark Titanium

PDG Premium Colors \$ 150

<input type="checkbox"/> 2105009 Geyser Green
<input type="checkbox"/> 2105010 Lollipop Blue
<input type="checkbox"/> 2105011 Lollipop Red
<input type="checkbox"/> 2105200 Custom Color \$ 300

Contact PDG for specifications.

Arm Type

<input type="checkbox"/> 2106000 No Armrest		
<input checked="" type="checkbox"/> 2106214 Dual Post Adjustable Height (10"-14")	E0973	\$ 255

Armrests

Regular Armrests

<input type="checkbox"/> 2107100 Desk Length - 2" x 10" (pair)
<input type="checkbox"/> 2107101 Full Length - 2" x 14" (pair)

Wide Armrests \$ 115
May interfere with wheels in some tilt configurations.

<input type="checkbox"/> 2107110 Desk Length - 3" x 10" (pair)
<input type="checkbox"/> 2107111 Full Length - 3" x 12" (pair)

Gel Armrests \$ 115
May interfere with wheels in some tilt configurations.

<input checked="" type="checkbox"/> 2107120 Full Length - 2" x 12" (pair)
<input type="checkbox"/> 2107121 Full Length - 3.5" x 12" (pair)

Contour Arm Trough E2209 \$ 125
May interfere with wheels in some tilt configurations.

<input type="checkbox"/> 2107130 Right (4.5" x 18") with Hand Pad
<input type="checkbox"/> 2107131 Left (4.5" x 18") with Hand Pad
<input type="checkbox"/> 2107320 Clothing Guards X0108 \$ 165

Seat Pan

<input checked="" type="checkbox"/> 2108001 Solid Seat Pan	E2231	\$ 120
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Cushion			
<input type="checkbox"/>	2109000	No Cushion	
Matrix VI Heavy Duty			
<input checked="" type="checkbox"/>	2109115	18"-30" width, 18"-22" depth	E2608 \$ 1,150
3" Basic Foam (Nylon Cover) K0108			
<input type="checkbox"/>	2109200	Up to 28" Width	\$ 485
<input type="checkbox"/>	2109201	Above 28" Width	\$ 605
3" Contour Foam (Nylon Cover) K0108			
<input type="checkbox"/>	2109210	Up to 28" Width	\$ 835
<input type="checkbox"/>	2109211	Above 28" Width	\$ 1,090
3" Contour Pressure Reduction (Nylon Cover) K0108			
<input type="checkbox"/>	2109220	Up to 28" Width	\$ 1,485
<input type="checkbox"/>	2109221	Above 28" Width	\$ 1,900
Spare Cushion Cover (Nylon)			
<input type="checkbox"/>	2109230	Basic	\$ 390
<input type="checkbox"/>	2109231	Contour	\$ 490
Cushion Size			
	2109400	Specify Size (Width" x Depth") _____	

Seat Height	
Seat to Floor Height	
<input type="checkbox"/>	2110016 Set at 16" STF
<input type="checkbox"/>	2110017 Set at 17" STF
<input type="checkbox"/>	2110018 Set at 18" STF

Casters	
<input checked="" type="checkbox"/>	2111050 5" Caster With Heavy Duty Steel Fork

Rear Wheels	
<input checked="" type="checkbox"/>	2112224 24" Heavy Duty Spoke \$ 350

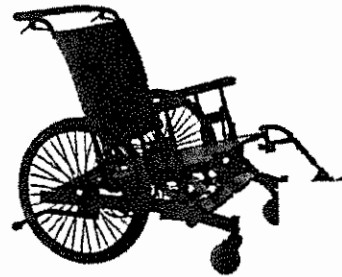
Axle Type	
<input checked="" type="checkbox"/>	2113010 Fixed Rear Axles

Rear Tires	
<input checked="" type="checkbox"/>	2114000 Urethane

Hand Rims	
<input checked="" type="checkbox"/>	2115010 Standard

Wheel Locks	
<input type="checkbox"/>	2116010 Push to Lock
<input type="checkbox"/>	2116020 Pull to Lock
<input checked="" type="checkbox"/>	2116100 Wheel Lock Extensions E0961 \$ 60

Anti-Tippers	
<input checked="" type="checkbox"/>	2117010 Rear Anti-Tippers E0971 \$ 60 Required Safety Option.



Scan this code or visit www.pdgmobility.com to learn more about the Stellar HD Manual Tilt Wheelchair.

Back Post Style	
<input checked="" type="checkbox"/>	2118010 Push Bar Back
Back Post Height	
Seat Pan to Handle	
<input type="checkbox"/>	2118425 25" Height
<input type="checkbox"/>	2118431 31" Height

Back Options	
<input checked="" type="checkbox"/>	2119090 Seat to Back Angle set at 90°
<input type="checkbox"/>	2119240 Dynamic Rocker Back Assembly K0108 \$ 2,995 Not compatible with 30° Recline. Upholstery must be Adjustable Tension. Finished Back Post Height 3" taller.

Back Upholstery	
<input type="checkbox"/>	2120000 No Back Upholstery \$ 250
Adjustable Tension	
Back height measured from Seat Pan to top of Upholstery	
<input type="checkbox"/>	2120321 Set at 21"
<input type="checkbox"/>	2120322 Set at 22"
<input type="checkbox"/>	2120323 Set at 23"

Backrest	
<input type="checkbox"/>	2121000 No Backrest
Matrix Elite	
<input checked="" type="checkbox"/>	2121112 HD - 22"-26" width, 16"-20" height E2621 \$ 1,095

Tilt/Recline Options	
Attendant Tilt only	
<input type="checkbox"/>	2123011 Installed on Right Back Post
<input type="checkbox"/>	2123012 Installed on Left Back Post
Tilt Limit	
<input type="checkbox"/>	2123220 Set at 20°
<input type="checkbox"/>	2123225 Set at 25° (Maximum Tilt for 600 lbs chair)
<input type="checkbox"/>	2123230 Set at 30°
<input type="checkbox"/>	2123235 Set at 35°
<input type="checkbox"/>	2123240 Set at 40°
<input type="checkbox"/>	2123245 Set at 45°
<input checked="" type="checkbox"/>	2123410 Reclining Backrest (Manual) E1225 \$ 830 Maximum recline = 30°. Not compatible with Tension Adjustable Upholstery and 20"-22" Seat Depth.



STELLAR HD

Order Form – USA
All Prices in U.S. Dollars. June 1, 2017

Headrest			
<input type="checkbox"/>	2124000	No Headrest	
<input checked="" type="checkbox"/>	2124010	Headrest Mounting Plate	\$ 75
Not required if mounting to a solid Back.			
<input checked="" type="checkbox"/>	2124100	nxt MultiFit Head Support Hardware E1028	\$ 155
		nxt MultiFit Head Support Pad E0955	\$ 195
<input type="checkbox"/>	2124105	Regular (9" x 5")	
<input checked="" type="checkbox"/>	2124106	Large (10" x 5")	
<input type="checkbox"/>	2124107	X-Large (14" x 5")	
		Stealth Headrest Hardware E1028	
<input type="checkbox"/>	2124110	Multi-Axis HMO475	\$ 150
<input type="checkbox"/>	2124111	Link TWBA80	\$ 325
		Stealth Headrest Pad E0955	\$ 200
<input type="checkbox"/>	2124115	10" width	
<input type="checkbox"/>	2124116	14" width	

Front Rigging			
<input type="checkbox"/>	2125001	Sector Blocks only	
<input type="checkbox"/>	2125130	Swing Away 60°	
<input checked="" type="checkbox"/>	2125200	Swing Away Elevating Legrest E0990	\$ 355


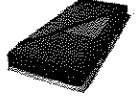











Foot Plates			
<input checked="" type="checkbox"/>	2126020	Angle Adjustable K0040	\$ 140

Footrest/Legrest Accessories			
<input checked="" type="checkbox"/>	2127030	Swing Away ELR Gel Knee Pad	\$ 100
<input checked="" type="checkbox"/>	2127040	Adjustable Length Heel Loops E0951	\$ 50

Extension Tubes			
<input checked="" type="checkbox"/>	2128010	Regular Extension Tubes (13"-17")	

Positioning Straps			
		Bodypoint - Hip Belt E0978	
<input type="checkbox"/>	2129010	Center-Pull Auto Style	\$ 105
<input type="checkbox"/>	2129015	Center-Pull Auto Style, Padded	\$ 155

Miscellaneous Options			
<input type="checkbox"/>	2130120	O2 Holder E2208	\$ 295
<input type="checkbox"/>	2130170	Adhesive Back Hook Strip, 2" x 30" For Cushion mounting.	\$ 10

Item #	Description	MSRP	
Fusion Systems			
	FUSXC80/FUSXC84 Fusion XC 80" or 84" system. Closed, non-convertible system with non-removable, fire retardant cover.	\$2,205.00	
	FUS1K80/FUS1K84 Fusion 1K system 80" or 84" with quilted, fire retardant cover.	\$3,360.00	E0373
	FUS2K80/FUS2K84 Fusion 2K system 80" or 84" with full low air loss and quilted, fire retardant cover.	\$8,000.00	
	FUS2KCONV Fusion 2K conversion kit. Includes FUSLAL2 and SAHYBPUMP. Fits 80" and 84" Fusion 2K.	\$5,368.00	
Select Air Systems			
	SASTDSYS SASTDSYSK008 Select Air Standard low air loss mattress replacement system, with or without footpillow.	\$6,000.00	
	SAMAXSYS SAMAXSYSK010 Select Air Max low air loss mattress replacement system, with or without footpillow.	\$7,000.00	
	SADLXSYS SADLXSYSK010 Select Air Deluxe low air loss mattress replacement system, with or without footpillow.	\$7,500.00	
	SASPSTDSYS SASPSTDSYSK008 Select Air Standard low air loss mattress replacement system, with or without footpillow. Includes Select Protect Perimeter Protection cover.	\$6,800.00	
	SASPMAXSYS SASPMAXSYSK010 Select Air Max low air loss mattress replacement system, with or without footpillow. Includes Select Protect Perimeter Protection cover.	\$7,800.00	
	SASPDLXSYS SASPDLXSYSK010 Select Air Deluxe low air loss mattress replacement system, with or without footpillow. Includes Select Protect Perimeter Protection cover.	\$8,100.00	
	SABARISYS39 SABARISYS42 SABARISYS48 SABARISYS54 SABARISYS60 BariSelect low air loss mattress replacement system. Sizes 39" - 60" wide with footpillow.	\$8200.00 \$8500.00 \$8900.00 \$9300.00 \$9700.00	
	SACONTROL Hand control for Deluxe & Bari pump	\$300.00	
	SAHYOVMATT109 HybridSelect mattress overlay system with Roho cushion for heel section.	\$5,100.00	

*Freight assessed on all orders.