

To:
Audiologists
General Hospital
Outpatient
Providers
Hearing
Instrument
Specialists
Speech and
Hearing Clinics
HMOs and Other
Managed Care
Programs

Audiologic function tests – clarifications for providers

Wisconsin Medicaid has added billing procedures for certain audiologic function tests.

Audiologists billing for hearing aid check and evaluation

Audiologic function tests have been added as allowable procedure codes to be billed by audiologists. These procedures are required to be billed as type of service (TOS) “1.” The new procedure codes will be in effect for claims processed on and after September 1, 2000.

The following procedure codes have been added to the list of Medicaid procedure codes for audiology services and are found in the Attachment of this *Update*:

- 92590 – Hearing aid examination and selection; monaural.
- 92591 – Hearing aid examination and selection; binaural.
- 92592 – Hearing aid check; monaural.
- 92593 – Hearing aid check; binaural.
- 92594 – Electroacoustic evaluation for hearing aid; monaural.
- 92595 – Electroacoustic evaluation for hearing aid; binaural.

All professional procedures billed by audiologists are TOS “1.” The 925XX series of procedure

codes is not reimbursable by Wisconsin Medicaid for hearing instrument specialists.

All product codes for hearing aids and analogous equipment are billed as TOS “P,” or “R” for rental equipment.

Hearing aid batteries are regarded as disposable medical supplies (DMS) and billed as TOS “9.”

Use of procedure code V5299, Hearing Services, Miscellaneous

The policy for using procedure code V5299 was explained in the February 1999 (No. 99-06) *Wisconsin Medicaid Update*. The purpose here is to further clarify its use.

Procedure code V5299 should be used *only when there is no other code* that describes the item being offered. This procedure code always requires prior authorization (PA).

Examples for use of procedure code V5299 are requests for:

- Digitally programmable hearing aids.
- Digital hearing aids.
- Hearing aids with directional or multi-microphone systems when a recipient exhibits a special need for such systems.

Procedure code V5299 should be used only when there is no other code that describes the item being offered.

Procedure code V5299 may be used:

- To accommodate unique amplification needs of children or developmentally delayed adults.
- To accommodate medical/surgical factors complicating amplification.
- When conventional amplification has failed.

Reimbursement for procedure code V5299 is determined individually by Wisconsin Medicaid. Providers need to supply documentation with the PA request to verify their costs, including a copy of the manufacturer's list price and a specific description of the product.

Use of procedure code W6948, Special Modifications

Procedure code W6948 is used for requesting hearing aids (standard and binaural) that have special features or additional capabilities. Examples of special modifications for hearing aids are:

- Power amplifiers.
- Silicone ear molds.
- Telephone coils.
- Compression amplification.
- Direct audio input.
- Special canal-sized shells to accommodate ear canal fittings.

When procedure code W6948 is used for binaural hearing aids in either PA requests or billing claims, a quantity of two should be indicated.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

Reimbursement for procedure code V5299 is determined individually by Wisconsin Medicaid.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Medicaid procedure codes for audiology services effective September 1, 2000

Allowable Types and Places of Service

- Type of service (TOS) = 1
- Places of service (POS) = 0, 1, 2, 3, 7, 8, A

New Procedure Code	Description	Recipient Copayment Amount	PA/SOI Require- ments	Daily Service Limit	Medicaid Maximum Fee
92590	Hearing aid examination and selection; monaural	\$1.00	None	1	\$21.56
92591	Hearing aid examination and selection; binaural	\$1.00	None	1	\$23.91
92592	Hearing aid check; monaural	\$1.00	None	1	\$14.46
92593	Hearing aid check; binaural	\$1.00	None	1	\$18.25
92594	Electroacoustic evaluation for hearing aid; monaural	\$1.00	None	1	\$11.04
92595	Electroacoustic evaluation for hearing aid; binaural	\$1.00	None	1	\$13.91