

# Wisconsin Medicaid and BadgerCare update

January 2003 • No. 2003-06

PHC 1934

## Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Audiologists  
Federally Qualified  
Health Centers  
Hearing  
Instrument  
Specialists  
Physician Clinics  
Physicians  
Speech and  
Hearing Clinics  
HMOs and Other  
Managed Care  
Programs

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/](http://www.dhfs.state.wi.us/medicaid/).

## Hearing instruments and related services code changes

Effective for dates of service (DOS) on and after March 1, 2003, Wisconsin Medicaid will adopt new Health Care Procedure Coding System (HCPCS), formerly HCFA Common Procedure Coding System, codes for hearing instruments and related services.

In addition, this *Wisconsin Medicaid and BadgerCare Update* details the following policies regarding hearing instruments and related services:

- Procedure code V5299.
- Documentation requirements for requesting replacement hearing instruments.
- Additional procedure codes available for digital and programmable hearing instruments.
- Hearing instrument modifiers.
- Hearing instrument repairs.
- Ear molds and impressions.
- Submitting prior authorization (PA) requests.
- Prior authorization modifiers.

### Adoption of new HCPCS codes

Effective for dates of service (DOS) on and after March 1, 2003, Wisconsin Medicaid will adopt new Health Care Procedure Coding System (HCPCS), formerly HCFA Common Procedure Coding System, codes for hearing instruments and related services. The new codes replace certain local and other procedure codes. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare*

*Update* for the new procedure codes, the old procedure codes they replace, and other information about the codes.

### Procedure code V5299

With the addition of the new procedure codes, the use of procedure code V5299 — hearing service, miscellaneous — will be limited to those instances when there is no other code to describe a specific hearing instrument or supply. Prior authorization will still be required when using procedure code V5299.

Beginning March 1, 2003, providers must include the following documentation when submitting PA requests for procedure code V5299:

- Prior Authorization Physician Otolological Report (PA/POR) is required for all PA requests by Hearing Instrument Specialists\*.
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1).
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS2).
- A complete description of the hearing instrument, including style, electroacoustic specifications, accessories, and the ear(s) to be fitted.
- Comments addressing why the specialized hearing instrument requested with

procedure code V5299 will provide measurable, significant improvement in functional hearing compared to a standard hearing instrument.

- Documentation verifying the cost, including a copy of the manufacturer's information giving the list price.

Refer to the February 1999 *Update* (99-02), titled "New PA Forms for Audiologists and Hearing Instrument Specialists," for more information on PA forms. This *Update* can be found on the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

### **Required documentation for replacement of hearing instruments**

When replacement of a hearing instrument is requested, the following documentation is required:

- Prior Authorization Physician Otological Report (PA/POR)\*.
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1).
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS2).
- Recipient instruction on care and maintenance.
- Evidence that it is more cost effective to replace the hearing instrument rather than continuing to repair it; or, evidence that the first hearing instrument did not meet the needs of the recipient.

### **Required documentation when requesting replacement hearing instruments due to loss**

Effective for DOS on and after March 1, 2003, a replacement hearing instrument may be approved within three years of initial purchase with PA. The following documentation is required:

- Prior Authorization Physician Otological Report (PA/POR)\*.
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1).
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS2).
- Provider statement that the hearing aid is not covered by a manufacturer's loss and damage warranty.
- Recipient instruction on care and maintenance.
- A statement from the recipient or caregiver regarding the circumstances of the loss.
- Evidence of effort to find the hearing instrument.
- If applicable, a statement from the recipient or caregiver that insurance (e.g., homeowner's, property) does not cover replacement of the hearing instrument.

### **Additional procedure codes for digital and programmable hearing instruments**

Effective for DOS on and after March 1, 2003, Wisconsin Medicaid will utilize specific procedure codes for digital and programmable hearing instruments rather than procedure code V5299. Refer to the Attachment for the new procedure codes.

Programmable and digital hearing instruments always require PA. Include the following documentation:

- Prior Authorization Physician Otological Report (PA/POR) is required for all PA requests by Hearing Instrument Specialists\*.
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1).
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS2).

**E**ffective for DOS on and after March 1, 2003, Wisconsin Medicaid will utilize specific procedure codes for digital and programmable hearing instruments rather than procedure code V5299.

- A history of hearing instrument use which supports that future use will be successful, or that the recipient’s current lifestyle is conducive for the successful use of a programmable or digital hearing instrument.
- The recipient’s cognitive abilities do not impede the use of programmable or digital hearing instruments.
- The overall emotional and physical health of the recipient does not impede the use of programmable or digital hearing instruments.
- The hearing environment(s) where the recipient has trouble hearing necessitates the use of programmable or digital hearing instruments.
- That physical attributes do not impede the use of programmable or digital hearing instruments.
- Evidence that education, orientation, and training of the recipient and his or her communication partner(s) has taken place.

### **Hearing instrument modifiers**

Effective for DOS on and after March 1, 2003, providers must use the following modifiers with procedure codes for hearing instruments and related services:

- LT — Left ear.
- RT — Right ear.
- 52 — Minor repairs. Refer to the Attachment for more information.
- 22 — Recasing or replating. Refer to the Attachment for more information.
- RR — Rental. For rented hearing instruments, providers are required to always use modifier “RR” when type of service “R” is used.
- 50 — Both ears. For repairs, ear molds, supplies, and accessories. Do not use modifier “50” for purchases or rentals of hearing aid packages. Procedure codes for purchases and rentals already indicate if the instrument is binaural or bilateral. Refer to the Attachment for more information.

Effective for DOS on and after March 1, 2003, repairs are allowed once every six months without PA for purchased hearing instruments.

When a provider dispenses two hearing instruments on the same DOS for the same recipient, providers must bill using a binaural or bilateral procedure code.

### **Hearing instrument repair procedure code and modifiers**

Effective for DOS on and after March 1, 2003, repairs are allowed once every six months without PA for purchased hearing instruments. Prior authorization is required if a second repair is needed within six months of a previous repair. Wisconsin Medicaid does not cover repairs within the first year of purchase; a one year service guarantee is included under the warranty. Wisconsin Medicaid does not cover repairs on rented hearing instruments.

#### *Major repairs*

Claims for major hearing instrument repairs are submitted using procedure code V5014. Major hearing instrument repairs are those that cannot be repaired in the provider’s office and require sending the hearing instrument to the manufacturer. Major repairs do *not* require a “52” or “22” repair modifier.

#### *Recasing or replating on same day as major repairs*

For recasing or replating performed on the same DOS as a major repair, providers should use procedure code V5014 for the major repair and V5014 with modifier “22” for the replating or recasing.

#### *Recasing or replating only*

For recasing or replating of the hearing instrument, providers should use procedure code V5014 with modifier “22.”

#### *Minor repairs*

Minor repairs are those that can be performed in the provider’s office. For minor repairs, providers should use procedure code V5014 with modifier “52.”

Note: The “RT,” “LT,” or “50” modifiers must be used with all repairs. Refer to the Attachment for more information.

**Ear molds (procedure code V5264) and ear impressions (procedure code V5275)**

Effective for DOS on and after March 1, 2003, for recipients under 18 years of age, three ear molds and impressions per hearing aid per year are allowed without PA. Prior authorization is required if more than three ear molds and impressions are needed per hearing aid per year.

For recipients 18 years of age and older, one ear mold and impression per hearing aid per year is allowed without PA. Prior authorization is required for more than one ear mold and impression per hearing aid per year.

**Submitting prior authorization requests**

Prior authorizations for services performed on and after March 1, 2003, must be submitted using the new procedure codes. If providers use the old codes, the PA will be returned to the provider for resubmission using the new codes.

Prior authorizations approved prior to March 1, 2003, using the old procedure codes do not need to be amended.

**Prior authorization modifiers**

Currently, when Wisconsin Medicaid approves a PA request for several items that are billed under one nonspecific code, modifiers “11” through “35” are assigned to each approved item.

Effective for PAs received on and after March 1, 2003, modifiers “U1” through “UD” will replace modifiers “11” through “35.” When providers submit PA requests, Wisconsin Medicaid will assign the new modifiers. Providers are required to use the new modifiers

when they submit claims or they will not receive reimbursement.

**Copayment**

For services requiring copayments, refer to the table below. For more information on copayments, refer to the All-Provider Handbook on the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). Providers may also request a paper copy of the All-Provider Handbook from Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883.

Medicaid maximum allowable fee	Copayment
Up to \$10.00	\$0.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00

**Information regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

\* Hearing instrument specialists are required to use the PA/POR for all PA requests for hearing instruments and supplies. However, audiologists are *not* required to use the PA/POR but must maintain a record of medical clearance for the hearing instrument in the recipient’s file.

# ATTACHMENT

## New HCPCS procedure codes for hearing services

Effective March 1, 2003

Allowable types of service, modifiers, and places of service for audiologists, hearing instrument specialists, and speech and hearing clinics		
Allowable types of service (TOS) (Required)  P — Purchase R — Rental 9 — Other	Allowable modifiers  LT — Left ear RT — Right ear 52 — Minor repairs 22 — Recasing or replating RR — Rental* 50 — Both ears	Allowable places of service (POS)  0 — Other 1 — Inpatient hospital 2 — Outpatient hospital 3 — Office  4 — Home 7 — Nursing home/extended 8 — Skilled nursing facility

Procedure code	Procedure code description	Modifier	TOS	Maximum allowable fee	Prior authorization	Life expectancy	Replaced procedure codes
V5014	Repair/modification of a hearing aid (major repair)	RT, LT, 50	P	\$112.11	No	6 months	W6948, W6949, W6950, W6960, W6561
V5014	Recasing or replating hearing aid	RT, LT, 22, 50	P	\$60.88	No	6 months	W6948, W6949, W6952, W6964, W6965
V5014	Minor repair	RT, LT, 50, 52	P	\$26.52	No	6 months	W6948, W6949, W6951, W6962, W6963
V5030	Hearing aid, monaural; body worn, air conduction**	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5040	body worn, bone conduction	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5050	in the ear	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5060	behind the ear	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5070	Glasses; air conduction	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5080	bone conduction	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5100***	Hearing aid, bilateral, body worn	RR	P, R	\$374.18	Yes	3 years	W6901, W6906
V5110	Dispensing fee, bilateral		P	\$537.53	Yes		

\* RR = Rental hearing aid. The maximum allowable fee for all rentals is \$27.34 per 30-day period. All rented hearing instruments require prior authorization (PA). Wisconsin Medicaid does not reimburse providers for dispensing fees for rental hearing instruments.

\*\* All hearing instruments are air conduction unless otherwise noted.

\*\*\* Procedure code V5100 is a body worn hearing instrument with two receivers/ear molds and a y-cord.

Procedure code	Procedure code description	Modifier	TOS	Maximum allowable fee	Prior authorization	Life expectancy	Replaced procedure codes
V5120	Binaural; body	RR*	P, R	\$642.27	Yes	3 years	W6946
V5130	in the ear	RR	P, R	\$642.27	Yes	3 years	W6946
V5140	behind the ear	RR	P, R	\$642.27	Yes	3 years	W6946
V5150	glasses	RR	P, R	\$642.27	Yes	3 years	W6946
V5160	Dispensing fee, binaural		P	\$537.53	Yes		
V5170	Hearing aid, CROS; in the ear	RT, LT, RR	P, R	\$451.54	Yes	3 years	W6901, W6906
V5180	behind the ear	RT, LT, RR	P, R	\$451.54	Yes	3 years	W6901, W6906
V5190	glasses	RT, LT, RR	P, R	\$451.54	Yes	3 years	W6901, W6909
V5200	Dispensing fee, CROS	RT, LT	P	\$298.63	Yes	3 years	
V5210	Hearing aid, bicos; in the ear	RR	P, R	\$571.48	Yes	3 years	W6946, W6909
V5220	behind the ear	RR	P, R	\$571.48	Yes	3 years	W6946, W6909
V5230	glasses	RR	P, R	\$571.48	Yes	3 years	
V5240	Dispensing fee, bicos		P	\$537.53	Yes	3 years	
V5241	Dispensing fee, monaural hearing aid, any type	RT, LT	P	\$298.63	Yes		V5090
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5243	Hearing aid, analog, monaural, itc (in the canal)	RT, LT, RR	P, R	\$331.60	Yes	3 years	W6901
V5244	Hearing aid, digitally programmable analog, monaural, cic	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used not otherwise classified (NOC) code
V5245	Hearing aid, digitally programmable, analog, monaural, itc	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used NOC code
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used NOC code
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used NOC code
V5248	Hearing aid, analog, binaural, cic	RR	P, R	\$642.27	Yes	3 years	W6946
V5249	Hearing aid, analog, binaural, itc	RR	P, R	\$642.27	Yes	3 years	W6946
V5250	Hearing aid, digitally programmable analog, binaural, cic	RR	P, R	\$755.34	Yes	3 years	Previously used NOC code
V5251	Hearing aid, digitally programmable analog, binaural, itc	RR	P, R	\$755.34	Yes	3 years	Previously used NOC code
V5252	Hearing aid, digitally programmable, binaural, ite	RR*	P, R	\$755.34	Yes	3 years	Previously used NOC code

\* RR = Rental hearing aid. The maximum allowable fee for all rentals is \$27.34 per 30-day period. All rented hearing instruments require PA. Wisconsin Medicaid does not reimburse providers for dispensing fees for rental hearing instruments.

Procedure code	Procedure code description	Modifier	TOS	Maximum allowable fee	Prior authorization	Life expectancy	Replaced procedure codes
V5253	Hearing aid, digitally programmable, binaural, bte	RR	P, R	\$755.34	Yes	3 years	Previously used NOC code
V5254	Hearing aid, digital, monaural, cic	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used NOC code
V5255	Hearing aid, digital, monaural, itc	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used NOC code
V5256	Hearing aid, digital, monaural, ite	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used NOC code
V5257	Hearing aid, digital, monaural, bte	RT, LT, RR	P, R	\$377.67	Yes	3 years	Previously used NOC code
V5258	Hearing aid, digital, binaural, cic	RR	P, R	\$755.34	Yes	3 years	Previously used NOC code
V5259	Hearing aid, digital, binaural, itc	RR	P, R	\$755.34	Yes	3 years	Previously used NOC code
V5260	Hearing aid, digital, binaural, ite	RR	P, R	\$755.34	Yes	3 years	Previously used NOC code
V5261	Hearing aid, digital, binaural, bte	RR	P, R	\$755.34	Yes	3 years	Previously used NOC code
V5264	Ear mold/insert, not disposable, any type	RT, LT, 50	P	\$42.58	No	For recipients under 18 years of age: three ear molds per hearing aid per year  For recipients 18 years of age and older: one ear mold per hearing aid per year	W6906,W6947, W6966, W6967
V5266	Battery for use in hearing device		9**	\$1.02	No	12 per month	W6911,W6912, W6927,W6940, W6941,W6943, W6944,W6955
V5267	Hearing aid supplies/accessories	RT, LT, 50	P	\$27.20	Yes	3 years	W6903,W6904, W6905,W6907, W6908,W6968, W6969
V5273	Assistive listening device, for use with cochlear implant		P	\$177.16	Yes	1 per 3 years	
V5274	Assistive listening device, not otherwise specified		P	\$177.16	Yes	1 per 3 years	W6902
V5275	Ear impression, each	RT, LT	P	\$20.00	No	For recipients under 18 years of age: three ear molds per hearing aid per year  For recipients 18 years of age and older: one ear mold per hearing aid per year	
V5299	Hearing service, miscellaneous		P	Manually priced	Yes		

\* RR = Rental hearing aid. The maximum allowable fee for all rentals is \$27.34 per 30-day period. All rented hearing instruments require prior authorization (PA). Wisconsin Medicaid does not reimburse providers for dispensing fees for rental hearing instruments.

\*\* Submit claims for procedure code V5266 using TOS "9" (Other). Batteries for use in hearing devices are listed in the Disposable Medical Supplies Index.