wisconsin Medicaid update
and BadgerCare
November 2003 ● No. 2003-156
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

New policies and clarifications for hearing instruments and related services

This *Wisconsin Medicaid and BadgerCare Update* includes information about the following:

- Revised prior authorization (PA) documentation requirements for programmable and digital hearing instruments.
- Modifier "TG" (Complex/high tech level of care).
- Using modifiers "LT" (Left ear) and "RT" (Right ear).
- Policy clarifications for hearing instrument providers.

New policies for hearing instrument providers

Revised prior authorization requirements for digital and programmable hearing instruments

Effective immediately, providers will be required to include *only* the following prior authorization (PA) documentation for programmable and digital hearing instruments:

- Prior Authorization/Physician Otological Report (PA/POR). The PA/POR is required for all PA requests submitted by hearing instrument specialists.
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1).
- Prior Authorization Request/Hearing Instrument and Audiological Services (PA/HIAS2).

Providers will no longer be required to submit all the documentation listed in the January 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-06), titled "Hearing instruments and related services code changes," when requesting PA for programmable and digital hearing instruments. Providers are required to submit only the documentation listed in this section.

Note: Hearing instrument specialists are required to use the PA/POR for all PA requests for hearing instruments and supplies. Audiologists are *not* required to use the PA/POR but must maintain a record of the physician's prescription for the hearing instrument in the recipient's file.

Modifier "TG" valid only for audiologists

Effective for dates of service (DOS) on and after March 1, 2003*, Medicaid-certified audiologists may use modifier "TG" (Complex/high tech level of care) for recipients who are under 21 years of age and in need of an advanced technology hearing instrument. This applies to the following procedure codes for hearing instruments and related services:

- V5246 — Hearing aid, digitally programmable analog, monaural, ITE (in the ear).

- V5247 — Hearing aid, digitally programmable analog, monaural, BTE (behind the ear).
- V5252 — Hearing aid, digitally programmable, binaural, ITE.
- V5253 — Hearing aid, digitally programmable, binaural, BTE.
- V5256 — Hearing aid, digital, monaural, ITE.
- V5257 — Hearing aid, digital, monaural, BTE.
- V5260 — Hearing aid, digital, binaural, ITE.
- V5261 — Hearing aid, digital, binaural, BTE.

Refer to *Update* 2003-06 for a list of modifiers that may be used with procedure codes for hearing instruments and related services.

When using modifier "TG," providers must indicate that the recipient is under 21 years of age and submit PA documentation that a recipient is in need of an advanced technology hearing instrument.

Providers must submit documentation of the audiological needs of the recipient and the language, educational, vocational, or physical needs of the recipient with the PA request.

Features of advanced technology hearing instruments may include, but are not limited to, the following:

- Automatic circuit features.
- Direct audio input.
- Multi-band programming.
- Multimemory programming.
- Multi-microphone technology.

Note: Providers must submit documentation verifying their cost of the advanced technology hearing instrument, including a copy of the manufacturer's information giving the list price charged to the provider.

Use modifiers "RT" and "LT" with procedure codes V5210, V5220, and V5230

Effective immediately, providers must use modifiers "RT" (Right ear) and "LT" (Left ear) with procedure codes V5210 (Hearing aid, BICROS; in the ear), V5220 (Hearing aid, BICROS; behind the ear), and V5230 (Hearing aid, BICROS; glasses) on claims and PA requests. Claims submitted without one of these modifiers will be denied. Refer to *Update* 2003-06 for more information regarding these procedure codes.

Effective immediately, providers must use modifiers "RT" (Right ear) and "LT" (Left ear) with procedure codes V5210 (Hearing aid, BICROS; in the ear), V5220 (Hearing aid, BICROS; behind the ear), and V5230 (Hearing aid, BICROS; glasses) on claims and PA requests.

Noncovered services

Wisconsin Medicaid does not cover the following accessories:

- Bulb syringes.
- Ear mold blowers.
- Ear mold cleaners.
- Listening stethosets.
- Moisture-removing kits.

Clarifications for hearing instrument providers

Wisconsin Medicaid covers hearing instrument modifications

Effective for DOS on and after March 1, 2003*, providers are required to use procedure code V5014 (Repair/modification of a hearing aid) for all hearing instrument modifications.

Providers may receive reimbursement for *one* modification made by the manufacturer when the hearing instrument is purchased. Providers may receive reimbursement for modifications made only by the manufacturer. To receive reimbursement for the modification, providers must bill for it on the same DOS that the hearing instrument was dispensed. Providers must use modifier "LT," "RT," or "50" (Bilateral procedure) as appropriate. If modifier "50" is used for a modification on a binaural hearing instrument, providers should

bill the quantity of "2"*. Refer to *Update* 2003-06 for billing information regarding procedure code V5014.

Note: Wisconsin Medicaid does not cover modifications within the first year of purchase; a one-year service guarantee is included under the warranty.

Examples of modifications to conventional hearing instruments include the following:

- Compression circuits.
- Direct audio input.
- Directional microphones.
- Power circuit.
- Special ear mold (silicone).
- Telecoil.

Examples of modifications to programmable or digital hearing instruments include the following:

- Automatic circuit features.
- Multi-microphone system.
- Multiple frequency bands (channels).
- Multiple memories.
- Power circuit.
- Special ear mold (silicone).

Note: The hearing instrument modifications in this section may only be requested as modifications if they are *not* integral components of the basic hearing instrument.

Using modifiers with procedure code V5014

Providers may use only *one* of the following modifiers when requesting reimbursement for procedure code V5014 for repairs or modifications: "LT," "RT," or "50." Claims submitted with more than one of these modifiers will be denied.

Also, when using procedure code V5014 for minor repairs, providers must use modifier "52" (Minor repairs). When billing V5014 for recasing or replating, providers must use modifier "22" (Recasing or replating). For major repairs performed by the hearing instrument manufacturer, use V5014 without modifier "52" or "22."

Bill procedure code V5267 for hearing instrument accessories

Effective for DOS on and after March 1, 2003, providers may use procedure code V5267 (Hearing aid supplies/accessories) to bill for the following accessories:

- Air conduction receiver.
- Body and CROS hearing instrument cords.
- Bone conduction receiver and headband.
- Direct audio input boot/cords.
- Harness for body aid (children).

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.

* Providers may request PA amendments to allowed claims for changes that became effective on and after March 1, 2003.

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/*.

PHC 1250