

To:

Audiologists

Hearing

Instrument
Specialists

Speech and

Hearing Clinics

HMOs and Other

Managed Care
Programs

Purchase Contracts Made for Hearing Aids

As a result of the Wisconsin biennial budget (2003 Wisconsin Act 33), which requires Wisconsin Medicaid to implement a volume purchase plan for durable medical equipment, Wisconsin Medicaid has signed volume purchase contracts with several hearing aid manufacturers. Effective for prior authorization (PA) requests received on and after January 1, 2005, Wisconsin Medicaid will approve specific hearing aid models. For the procedure codes listed in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update*, Wisconsin Medicaid will approve only the hearing aid models listed under each procedure code.

Effective for dates of service on and after January 1, 2005, PA is no longer required for the dispensing fee of any Medicaid-covered hearing aid. Providers are reminded that PA is required for the purchase of any hearing aid.

Volume Purchase Contracts

As a result of the Wisconsin biennial budget (2003 Wisconsin Act 33), which requires Wisconsin Medicaid to implement a volume purchase plan for durable medical equipment, Wisconsin Medicaid has signed volume purchase contracts with several hearing aid manufacturers. Effective for prior authorization (PA) requests received on and after January 1, 2005, Wisconsin Medicaid will approve specific hearing aid models. For the procedure codes listed in Attachment 1 of this

Wisconsin Medicaid and BadgerCare Update, Wisconsin Medicaid will approve only the hearing aid models listed under each procedure code.

Manufacturers

Providers may purchase hearing aids only from the manufacturers who have entered a contract with Wisconsin Medicaid. Providers should refer to Attachment 3 for manufacturers that have signed a volume purchase contract with Wisconsin Medicaid and have at least one model available through contract. This attachment also includes the address, telephone number, fax number, and delivery time for each manufacturer.

Contracted Hearing Aids

Refer to Attachment 1 for hearing aid models that are available through a Wisconsin Medicaid volume purchase contract. This attachment also provides information regarding procedure codes, procedure code descriptions, purchase rates, and repair rates. For an overview of new hearing aid policies, refer to Attachment 8.

Purchase

Purchase rates have been established by the manufacturer for each hearing aid model. When submitting PA requests or claims to Wisconsin Medicaid, providers are required to indicate the contracted purchase rate of the hearing aid model. Providers are reimbursed at

the net cash outlay for purchased hearing aids; for contracted hearing aids, the net cash outlay for purchase is the contracted purchase rate. Providers should refer to Attachment 1 for purchase rates and Attachments 6 and 7 for the revised hearing instrument specialist and audiology terms of reimbursement (TOR). Providers are reminded that PA is required for the purchase of any hearing aid.

Shipping

The manufacturer covers shipping expenses when a contracted hearing aid model is sent to the provider or returned to the manufacturer.

Hearing Aid Package

The initial monaural hearing aid purchase includes an ear mold and cord. The initial binaural hearing aid purchase includes two ear molds and two cords. Batteries are not included in the initial hearing aid package; providers may be reimbursed for batteries under procedure code V5266.

Custom Ear Mold

Custom ear molds (V5264) are not included in the hearing aid package. Wisconsin Medicaid separately reimburses providers for custom ear molds. Procedure code V5264 may be reimbursed for the same date of service (DOS) as a behind-the-ear hearing aid. If V5264 is billed before the hearing aid is billed, the reimbursement will be recouped when the provider is reimbursed for the hearing aid. Prior authorization is not required for custom ear molds. Policies for replacement ear molds remain unchanged.

Hearing Instrument Modification

Policies and procedures for hearing instrument modifications (V5014) remain unchanged. Wisconsin Medicaid covers one modification per hearing aid. Modifications must be made by

the manufacturer at the time of purchase. Prior authorization is required for modifications.

Dispensing

Even if a hearing aid is replaced by the manufacturer at no cost to the provider, recipient, or Wisconsin Medicaid, Wisconsin Medicaid covers the dispensing and fitting of replaced hearing aids. However, Wisconsin Medicaid will *not* cover the additional dispensing if it occurs within 12 months of the original service guarantee. The dispensing of a hearing aid includes the following services:

- A 12-month service guarantee and any necessary service to maintain proper function of the hearing aid.
- Ear mold impression.
- Initial office visit.
- Proper fitting of the hearing aid.
- Up to five post-fittings as necessary for adjustments and hearing aid orientation. (This includes performance checks.)

Effective for DOS on and after January 1, 2005, PA is no longer required for the *dispensing fee* of any Medicaid-covered hearing aid.

Performance Check

Although the trial period is changing to 90 days, providers may submit a claim to Wisconsin Medicaid after the 30-day performance check is complete. A performance check is required 30 days after the dispensing date. After the 30-day performance check is complete, providers may submit a claim for all procedures included in dispensing the hearing aid. Providers may submit a claim after 45 days if the recipient has not returned for a performance check.

If, after a claim has been paid, the hearing aid is returned to the manufacturer and no replacement is made, the provider is required to

Although the trial period is changing to 90 days, providers may submit a claim to Wisconsin Medicaid after the 30-day performance check is complete.

return the overpayment to Wisconsin Medicaid within 30 days of the return. Providers should refer to the All-Provider Handbook for more information about refunding overpayments.

If a replacement is made, no refund is required. Because the original dispensing service guarantee is not expired, Wisconsin Medicaid will not cover the additional dispensing. In addition, no further reimbursement will be made for the replacement hearing aid.

Trial Period

Contracted hearing aid models include a 90-day trial period. If a hearing aid is not satisfactory to the recipient, the *provider* may return the hearing aid to the *manufacturer* within 90 days of the dispensing date. The manufacturer will replace the hearing aid at no cost to the provider, recipient, or Wisconsin Medicaid. In order to assure that the recipient has adequately tried the hearing aid, the provider may not return the hearing aid sooner than 30 days unless there is apparent damage. Prior authorization is not required for hearing aids replaced by the manufacturer during the trial period.

Loss and Damage Warranty

Contracted hearing aid models are covered by the manufacturer under a 12-month loss and damage warranty.

Within 12 months of purchase, manufacturers are required to replace lost or damaged hearing aids at no cost to the provider, recipient, or Wisconsin Medicaid. No more than one loss or damage claim may be filed with the manufacturer per hearing aid during the 12-month period. Because the original dispensing service guarantee is not expired, Wisconsin Medicaid will not cover the additional dispensing. In addition, no further reimbursement will be made for the

replacement hearing aid. Prior authorization is not required for replacing a hearing aid that is covered under the loss and damage warranty.

If a hearing aid is lost or damaged beyond repair more than once during the 12-month period, PA is required for the replacement hearing aid.

Equipment Warranty

Contracted hearing aid models are covered by the manufacturer under a 24-month equipment warranty. The 24-month equipment warranty includes parts and labor. It does not cover the ear mold, cord, or batteries. Repairs needed within 24 months of purchase will be made by the manufacturer at no cost to the provider, recipient, or Wisconsin Medicaid. Prior authorization is not required to repair a hearing aid that is covered under the equipment warranty. After the dispensing service guarantee expires, providers may use procedure code 92592 (Hearing aid check; monaural) or 92593 (Hearing aid check; binaural) for professional services associated with a major repair.

If, within 24 months of purchase, persistent repairs are required due to equipment failure, the manufacturer may choose to replace the hearing aid at no cost to the provider, recipient, or Wisconsin Medicaid. No further reimbursement will be made for the replacement hearing aid. However, if the manufacturer chooses to replace the hearing aid after the original 12-month dispensing service guarantee has expired, Wisconsin Medicaid will cover the additional dispensing. Prior authorization is not required for replacing a hearing aid that is covered under the equipment warranty. It is also not required for the dispensing of the replacement hearing aid.

Contracted hearing aid models are covered by the manufacturer under a 24-month equipment warranty.

Replacement by the Manufacturer

If, during the loss and damage warranty or the equipment warranty, the manufacturer replaces a hearing aid, the new model must be equal to or better than the original model. The replacement must include a full 24-month equipment warranty, which begins the date the provider receives the hearing aid.

Repair Warranty

After the 24-month equipment warranty has expired, Wisconsin Medicaid covers major repairs (V5014) completed by the manufacturer.

Warranty lengths for repairs have been contracted separately for each hearing aid model. Refer to Attachment 1 for warranty lengths. Prior authorization is not required for major repairs unless a second, unrelated repair is needed during the repair warranty. Wisconsin Medicaid covers major repairs once within the duration of the repair warranty. After the dispensing service guarantee expires, providers may use procedure code 92592 or 92593 for professional services associated with a major repair.

Repair rates have also been contracted separately for each hearing aid model. When submitting claims for major repairs done on contracted hearing aid models, providers are required to indicate the contracted repair rate. Providers are reimbursed at the net cash outlay for major repairs done on contracted hearing aids; the net cash outlay for major repair is the contracted repair rate. Providers should refer to Attachment 1 for repair rates and Attachments 6 and 7 for the revised hearing instrument specialist and audiology TOR.

Minor Repair

After 12 months from the dispensing date, Wisconsin Medicaid covers minor repairs

(V5014 + modifier “52”) (i.e., repairs done in the office that involve care and cleaning) once every six months. Prior authorization is not required for minor repairs unless a second repair is needed within six months of another minor repair.

Reimbursement rates for minor repairs remain unchanged. Providers are required to bill their usual and customary charges for minor repairs. Providers should refer to Attachment 2 for maximum allowable fees for minor repairs.

Recasing or Replating

Policies and procedures for recasing or replating of a hearing aid case (V5014 + modifier “22”) remain unchanged. After 12 months from the dispensing date, recasing or replating is covered once every six months. Prior authorization is not required for recasing or replating of a hearing aid case.

Life Expectancy

Life expectancy is changing to five years for *all* Medicaid-covered hearing aids, including those requested prior to January 1, 2005. If a hearing aid is no longer covered under warranty and needs to be replaced within five years of purchase (i.e., the hearing aid was purchased over 24 months ago but less than five years ago), PA is required for the replacement.

Noncontracted Hearing Aid Styles

Certain hearing aid styles (V5070, V5080, V5150, V5190, V5230) are not available through a volume purchase contract. For these hearing aid styles, providers are not limited to the models or manufacturers indicated in Attachments 1 and 3. Prior authorization is required for the purchase of a hearing aid style that is not available through a volume purchase contract. Providers should refer to Attachment 2 for the maximum allowable fees for these

When submitting claims for major repairs done on contracted hearing aid models, providers are required to indicate the contracted repair rate.

If a complex or high-tech hearing aid model, which is not available through a volume purchase contract, is medically necessary for recipients 21 years of age and under, PA is required.

procedure codes. For noncontracted hearing aid styles, the manufacturer determines the trial period, loss and damage warranty, equipment warranty, and repair warranty.

Complex or High-Tech Models for Recipients 21 and Under

If a complex or high-tech hearing aid model, which is not available through a volume purchase contract, is medically necessary for recipients 21 years of age and under, PA is required. Audiologists will be reimbursed at the net cash outlay for the hearing aid. For complex or high-tech models, the net cash outlay for purchase is the manufacturer's invoice cost including end-of-month volume discounts.

When submitting a PA request for a complex or high-tech hearing aid model, the audiologist is required to do the following:

- Indicate a procedure code from the "Complex or High-Tech Hearing Aids for Recipients 21 and Under" chart in Attachment 2.
- Indicate modifier "TG" (Complex/high tech level of care) in Element 14 of the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), HCF 11020 (Rev. 06/04).
- Indicate the manufacturer and model number of the hearing aid in Element 16 of the PA/HIAS1.
- Include documentation to verify the medical necessity of the hearing aid model.
- Indicate the audiological needs and the language, educational, vocational, or physical needs of the recipient.
- Include a copy of the manufacturer's invoice that indicates the list price charged to the audiologist.

For complex or high-tech hearing aid models that are not available through a volume purchase contract, the manufacturer determines the trial period, loss and damage warranty, equipment warranty, and repair warranty.

Prior Authorization

For *all* PA requests received on and after January 1, 2005, providers are required to follow the revised PA/HIAS1 Completion Instructions, HCF 11020A (Rev. 11/04), even though the actual PA form is not being revised at this time. Providers should refer to Attachment 4 for the revised instructions. Providers are required to enter the manufacturer and model number of the hearing aid in Element 16 of the PA/HIAS1. In Element 18 providers are required to indicate the contracted rate when purchasing or repairing a contracted hearing aid. A sample of the PA/HIAS1 is included in Attachment 5. Prior authorization requests received on and after January 1, 2005, without a manufacturer and model indicated will be returned to the provider.

Prior authorization requests that are returned by Wisconsin Medicaid to the provider and resubmitted to Wisconsin Medicaid on and after January 1, 2005, will be returned to the provider if policies in this *Update* are not met.

Orders

When ordering a hearing aid model that is available through a volume purchase contract for a Medicaid recipient, providers should indicate that the hearing aid is for a Wisconsin Medicaid recipient.

For More Information

Providers should refer to service-specific publications for more information about Medicaid policies and procedures. For questions about volume purchase contracts or for problems with manufacturers, providers may call Provider Services at (800) 947-9627 or (608) 221-9883.

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.

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 dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Contracted Hearing Aid Models

Modifiers for Contracted Hearing Aid Models

The following modifiers are allowable for contracted hearing aid models.

Modifier	Description
LT	Left side
RR*	Rental
RT	Right side

*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.

Contracted Hearing Aid Models

Effective for PA requests received by Wisconsin Medicaid on and after January 1, 2005, Wisconsin Medicaid will approve only the hearing aid models available through a volume purchase contract. The following procedure codes are allowable for the corresponding hearing aid models. Many of the manufacturers and models listed in this table are registered or trademarked by the manufacturer.

V5030 — Hearing aid, monaural, body worn, air conduction* (Applicable modifiers: LT, RR, RT)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+	\$228.90	\$45.50	12 months
Starkey Laboratories, Inc.	SB 1 without y-cord and extra receiver	\$245.00	\$56.69	12 months

* All hearing instruments are air conduction unless otherwise noted.

V5040 — Hearing aid, monaural, body worn, bone conduction (Applicable modifiers: LT, RR, RT)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+	\$267.40	\$45.50	12 months
Starkey Laboratories, Inc.	BC 1 with adjustable headband	\$320.00	\$56.69	12 months
	BC 1 without headband	\$285.00		

V5050 — Hearing aid, monaural, in the ear (Applicable modifiers: LT, RR, RT)

For binaural, use V5130 — Binaural, in the ear (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Electone, Inc. — Full Shell	Class A	\$153.81	\$307.62	\$58.00	6 months
	Class A with telecoil	\$156.16	\$312.32		
	Class D	\$159.41	\$318.82		
	Class D with telecoil	\$159.72	\$319.44		
	Class D AGC-O	\$166.27	\$332.54		
	Class D AGC-O with telecoil	\$170.84	\$341.68		
	Class D Power	\$165.40	\$330.80		
	Class D Power with telecoil	\$165.86	\$331.72		
Electone, Inc. — Half Shell	Class A	\$172.82	\$345.64	\$58.00	6 months
	Class D	\$189.05	\$378.10		
	Class D AGC-O	\$196.59	\$393.18		
Phonak Hearing Systems — Full Shell	9100 Class B Power	\$159.00	\$318.00	\$94.00	12 months
	9100 Class B Power with telecoil	\$198.95	\$397.90		
	9100 Class D MC-WDRC	\$207.00	\$414.00		
	9100 Class D MC-WDRC with telecoil	\$246.95	\$493.90		
	9100 Class D (SC + a.R.T.)	\$166.20	\$332.40		
	9100 Class D (SC + a.R.T.) with telecoil	\$206.15	\$412.30		
	9100 Linear Class D	\$147.00	\$294.00		
	9100 Linear Class D with telecoil	\$186.95	\$373.90		
	Solo T dLimiting	\$243.10	\$486.20		
	Solo T dLimiting with telecoil	\$283.05	\$566.10		
	Solo T dSC	\$275.60	\$551.20		
	Solo T dSC with telecoil	\$315.55	\$631.10		
	Solo T dWDRC	\$308.10	\$616.20		
Phonak Hearing Systems — Half Shell	9300 Class D MC-WDRC	\$231.00	\$462.00	\$94.00	12 months
	9300 Class D MC-WDRC with directional	\$330.00	\$660.00		
	9300 Class D MC-WDRC with telecoil	\$270.95	\$541.90		
	9300 Class D (SC + a.R.T.)	\$190.20	\$380.40		
	9300 Class D (SC + a.R.T.) with directional	\$289.20	\$578.40		
	9300 Class D (SC + a.R.T.) with telecoil	\$230.15	\$460.30		
	9300 Linear Class D	\$171.00	\$342.00		
	9300 Linear Class D with directional	\$270.00	\$540.00		
	9300 Linear Class D with telecoil	\$210.95	\$421.90		
	Solo T dLimiting	\$269.10	\$538.20		
	Solo T dLimiting with telecoil	\$309.05	\$618.10		
	Solo T dSC	\$301.60	\$603.20		
Phonak Hearing Systems — Low Profile	9100 Class B Power	\$159.00	\$318.00	\$94.00	12 months
	9100 Class D MC-WDRC	\$207.00	\$414.00		
	9100 Class D (SC + a.R.T.)	\$166.20	\$332.40		
	9100 Linear Class D	\$147.00	\$294.00		
	9300 Class D MC-WDRC	\$231.00	\$462.00		
	9300 Class D (SC + a.R.T.)	\$190.20	\$380.40		
	9300 Linear Class D	\$171.00	\$342.00		

V5050 — Hearing aid, monaural, in the ear (Applicable modifiers: LT, RR, RT) (Continued)

For binaural, use V5130 — Binaural, in the ear (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Rexton, Inc. — Full Shell	AGC-I Arena RX-12	\$202.15	\$404.30	\$42.00	12 months
	AGC-I Arena RX-12 with directional	\$267.15	\$534.30		
	AGC-I Arena RX-12 with telecoil	\$228.15	\$456.30		
	AGC-O Arena RX-12	\$182.00	\$364.00		
	AGC-O Arena RX-12 with directional	\$247.00	\$494.00		
	AGC-O Arena RX-12 with telecoil	\$208.00	\$416.00		
	Grand-D Arena RX-12	\$227.50	\$455.00		
	Grand-D Arena RX-12 with directional	\$292.50	\$585.00		
	Grand-D Arena RX-12 with telecoil	\$253.50	\$507.00		
	High Power Arena RX-12	\$185.25	\$370.50		
	High Power Arena RX-12 with directional	\$250.25	\$500.50		
	High Power Arena RX-12 with telecoil	\$211.25	\$422.50		
	Linear Arena RX-12	\$182.00	\$364.00		
	Linear Arena RX-12 with directional	\$247.00	\$494.00		
	Linear Arena RX-12 with telecoil	\$208.00	\$416.00		
Rexton, Inc. — Half Shell	AGC-I Arena RX-20	\$257.40	\$514.80	\$42.00	12 months
	AGC-I Arena RX-20 with directional	\$322.40	\$644.80		
	AGC-I Arena RX-20 with telecoil	\$283.40	\$566.80		
	AGC-O Arena RX-20	\$237.50	\$475.00		
	AGC-O Arena RX-20 with directional	\$302.50	\$605.00		
	AGC-O Arena RX-20 with telecoil	\$263.50	\$527.00		
	Grand-D Arena RX-20	\$282.75	\$565.50		
	Grand-D Arena RX-20 with directional	\$347.75	\$695.50		
	Grand-D Arena RX-20 with telecoil	\$308.75	\$617.50		
	High Power Arena RX-20	\$240.50	\$481.00		
	High Power Arena RX-20 with directional	\$305.50	\$611.00		
	High Power Arena RX-20 with telecoil	\$266.50	\$533.00		
	Linear Arena RX-20	\$237.25	\$474.50		
	Linear Arena RX-20 with directional	\$302.25	\$604.50		
	Linear Arena RX-20 with telecoil	\$263.25	\$526.50		
Unitron Hearing, Inc. — Full Shell	AGC-O	\$251.25	\$502.50	\$52.50	6 months
	AGC-O with telecoil	\$277.50	\$555.00		
	AGC-O Power	\$281.25	\$562.50		
	AGC-O Power with telecoil	\$307.50	\$615.00		
	Enhanced Linear	\$191.25	\$382.50		
	Enhanced Linear with telecoil	\$217.50	\$435.00		
	Enhanced Linear Power	\$221.25	\$442.50		
	Enhanced Linear Power with telecoil	\$247.50	\$495.00		
Unitron Hearing, Inc. — Half Shell	AGC-O	\$281.25	\$562.50	\$52.50	6 months
	AGC-O with telecoil	\$307.50	\$615.00		
	Enhanced Linear	\$221.25	\$442.50		
	Enhanced Linear with telecoil	\$247.50	\$495.00		

V5060 — Hearing aid, monaural, behind the ear (Applicable modifiers: LT, RR, RT) For binaural, use V5140 — Binaural, behind the ear (Applicable modifier: RR).					
Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Micro Ear Technology, Inc.	MT13 AGC-O	\$175.23	\$350.46	\$67.49	12 months
	MT13 E	\$174.92	\$349.84		
	MT13 PP	\$174.89	\$349.78		
	MT13 PPX	\$174.89	\$349.78		
	MT675 XP	\$299.85	\$599.70		
Oticon, Inc.	380P	\$280.44	\$560.88	\$80.00	12 months
	Personic 410 Classic	\$243.20	\$486.40		
	Personic 420 Power	\$266.76	\$533.52		
	Personic 425 Power Plus	\$278.92	\$557.84		
Phonak Hearing Systems	PicoForte3 PP-C-L-P	\$222.00	\$444.00	\$94.00	12 months
	PicoForte3 PP-C-P	\$222.00	\$444.00		
	PicoForte3 PP-SC	\$222.00	\$444.00		
	PicoForte3 SC-D	\$222.00	\$444.00		
	Super Front PP-C-4	\$234.00	\$468.00		
	Super Front PP-C-L-4	\$234.00	\$468.00		
	Super Front PP-C-L-4+	\$234.00	\$468.00		
	Super Front PP-SC	\$234.00	\$468.00		
Unitron Hearing, Inc.	Icon AoHP+ ₄	\$296.25	\$592.50	\$52.50	6 months
	Icon AoHP+ ₄ D	\$296.25	\$592.50		
	Icon AoHP+ ₄ L	\$296.25	\$592.50		
	US 80-PP	\$303.75	\$607.50		
	US 80-PPL	\$303.75	\$607.50		

V5100 — Hearing aid, bilateral, body worn (Applicable modifier: RR)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+ with y-cord and two air conduction receivers	\$298.90	\$45.50	12 months
Starkey Laboratories, Inc.	SB 1 with straight or y-cord and extra receiver	\$270.00	\$56.69	12 months

V5120 — Binaural, body (Applicable modifier: RR)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+	\$298.90	\$45.50	12 months

V5130 — Refer to V5050.

V5140 — Refer to V5060.

V5170 — Hearing aid, CROS, in the ear (Applicable modifiers: LT, RR, RT)
 For BICROS, use V5210 — Hearing aid, BICROS, in the ear (Applicable modifiers: LT, RR, RT).

Manufacturer and Style	Model	Purchase Rate for CROS	Purchase Rate for BICROS	Repair Rate	Repair Warranty
Rexton, Inc.	AGC-I Arena RX-12	\$403.65	\$403.65	\$42.00	12 months
	AGC-I Arena RX-12 with telecoil	\$429.65	\$429.65	\$42.00	
	AGC-O Arena RX-12	\$383.50	\$383.50	\$42.00	
	AGC-O Arena RX-12 with directional	\$448.50	\$448.50	\$42.00	
	AGC-O Arena RX-12 with telecoil	\$409.50	\$409.50	\$42.00	
	Grand-D Arena RX-12	\$429.00	\$429.00	\$42.00	
	High Power Arena RX-12	\$386.75	\$386.75	\$42.00	
	High Power Arena RX-12 with telecoil	\$412.75	\$412.75	\$42.00	
	Linear Arena RX-12	\$383.50	\$383.50	\$42.00	
	Linear Arena RX-12 with directional	\$448.50	\$448.50	\$42.00	
	Linear Arena RX-12 with telecoil	\$409.50	\$409.50	\$42.00	
	Targa ₁ RX-12	\$420.55	\$420.55	\$68.00	
	Targa ₁ RX-12 with directional	\$420.55	\$420.55	\$68.00	
	Targa ₁ RX-12 with telecoil	\$420.55	\$420.55	\$68.00	
Unitron Hearing, Inc.	AGC-O CROS	\$332.25	\$332.25	\$52.50	6 months
	AGC-O Power CROS	\$362.25	\$362.25		
	Enhanced Linear CROS 117/50	\$272.25	\$272.25		
	Enhanced Linear CROS 120/60	\$302.25	\$302.25		

V5180 — Hearing aid, CROS, behind the ear (Applicable modifiers: LT, RR, RT)
 For BICROS, use V5220 — Hearing aid, BICROS, behind the ear (Applicable modifiers: LT, RR, RT).

Manufacturer and Style	Model	Purchase Rate for CROS	Purchase Rate for BICROS	Repair Rate	Repair Warranty
Oticon, Inc.	Ergo BTE	\$278.00	\$278.00	\$100.00	12 months
	Ergo BTE Power	\$299.00	\$299.00		
	GO BTE	\$318.75	\$318.75		
	GO BTE Directional	\$333.75	\$333.75		
	GO BTE Power	\$356.25	\$356.25		
	GO BTE VC	\$337.50	\$337.50		
	Sumo E	\$375.00	\$375.00		
	Swift 70+	\$282.00	\$282.00		
	Swift 90+	\$315.00	\$315.00		
	Swift 100+	\$330.00	\$330.00		
Rexton, Inc.	Targa ₁ P	\$350.00	\$350.00	\$73.50	12 months
Siemens Hearing Instruments, Inc.	INFINITI pro CROS	\$354.75	\$354.75	\$85.00	12 months
	MUSIC pro CROS	\$424.80	\$424.80		
	PHOENIX 113 CROS	\$301.95	\$301.95		
	PHOENIX 213 CROS	\$301.95	\$301.95		
	PHOENIX 313 CROS	\$301.95	\$301.95		
Unitron Hearing, Inc.	Icon AoHP+ ₄	\$378.75	\$378.75	\$52.50	6 months
	Icon AoHP+ ₄ D	\$378.75	\$378.75		
	Icon AoHP+ ⁴ L	\$378.75	\$378.75		
	US 80-PP	\$386.25	\$386.25		
	US 80-PPL	\$386.25	\$386.25		

V5210 — Refer to V5170.

V5220 — Refer to V5180.

V5245 — Hearing aid, digitally programmable, analog, monaural, ITC (Applicable modifiers: LT, RR, RT)
 For binaural, use V5251 — Hearing aid, digitally programmable analog, binaural, ITC (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc.	Ergo ITC	\$255.50	\$511.00	\$100.00	12 months
	Swift ITC	\$239.40	\$478.80		

V5246 — Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (Applicable modifiers: LT, RR, RT)
 For binaural, use V5252 — Hearing aid, digitally programmable, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc. — Full Shell	Ergo	\$276.50	\$553.00	\$100.00	12 months
	Swift	\$210.00	\$420.00		
Oticon, Inc. — Half Shell	Ergo Power	\$252.00	\$504.00	\$100.00	12 months
Oticon, Inc. — Low Profile	Ergo Power	\$245.00	\$490.00	\$100.00	12 months

V5247 — Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (Applicable modifiers: LT, RR, RT)

For binaural, use V5253 — Hearing aid, digitally programmable, binaural, BTE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc.	Ergo BTE	\$203.00	\$406.00	\$100.00	12 months
	Ergo BTE Power	\$224.00	\$448.00		
	Sumo E	\$300.00	\$600.00		
	Swift 70+	\$207.00	\$414.00		
	Swift 90+	\$240.00	\$480.00		
	Swift 100+	\$255.00	\$510.00		
Phonak Hearing Systems	Piconet2 P2	\$330.00	\$660.00	\$129.50	12 months

V5251 — Refer to V5245.

V5252 — Refer to V5246.

V5253 — Refer to V5247.

V5255 — Hearing aid, digital, monaural, ITC (Applicable modifiers: LT, RR, RT)

For binaural, use V5259 — Hearing aid, digital, binaural, ITC (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc.	GO ITC	\$285.00	\$570.00	\$100.00	12 months

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT)

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Electone, Inc. — Full Shell	Aurora	\$289.08	\$578.16	\$91.00	6 months
	Aurora with telecoil	\$275.94	\$551.88		
	Rio	\$237.00	\$474.00		
	Rio with telecoil	\$236.88	\$473.76		
	Rio Sierra	\$228.37	\$456.74		
	Rio Sierra with telecoil	\$228.93	\$457.86		
	Terra	\$228.37	\$456.74		
	Terra with telecoil	\$228.93	\$457.86		
Electone, Inc. — Half Shell	Aurora	\$289.08	\$578.16	\$91.00	6 months
	Aurora with telecoil	\$288.54	\$577.08		
	Rio	\$262.00	\$524.00		
	Rio Sierra	\$279.22	\$558.44		
	Terra	\$279.22	\$558.44		
	Terra with telecoil	\$280.28	\$560.56		
Micro Ear Technology, Inc. — Full Shell	Caballo Memory Pro	\$344.97	\$689.94	\$107.99	12 months
	Caballo Memory Pro with touchless telecoil	\$374.95	\$749.90		
	Tacana	\$320.10	\$640.20		
	Tacana with directional	\$369.90	\$739.80		
	Tacana with touchless telecoil	\$350.18	\$700.36		
Micro Ear Technology, Inc. — Half Shell	Caballo Memory Pro	\$349.99	\$699.98	\$107.99	12 months
	Caballo Memory Pro with touchless telecoil	\$355.34	\$710.68		
	Tacana	\$325.07	\$650.14		
	Tacana with directional	\$375.16	\$750.32		
	Tacana with touchless telecoil	\$355.18	\$710.36		
Oticon, Inc. — Full Shell	GO Power	\$288.75	\$577.50	\$100.00	12 months
Oticon, Inc. — Half Shell	GO	\$285.00	\$570.00	\$100.00	12 months
	GO Direct	\$300.00	\$600.00		
	GO Power	\$330.00	\$660.00		
Oticon, Inc. — Low Profile	GO	\$270.00	\$540.00	\$100.00	12 months
	GO Direct	\$285.00	\$570.00		
	GO Power	\$315.00	\$630.00		
Phonak Hearing Systems — Full Shell	Amio 22	\$243.10	\$486.20	\$129.50	12 months
	Amio 22 with telecoil	\$283.05	\$566.10		
Phonak Hearing Systems — Half Shell	Amio 22	\$308.10	\$616.20	\$129.50	12 months
	Amio 22 with telecoil	\$348.05	\$696.10		

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Qualitone — Full Shell	Evolution	\$363.99	\$727.98	\$124.97	12 months
	Evolution IDP	\$373.99	\$747.98		
	Trilliant	\$373.99	\$747.98		
	Ultra High Frequency	\$273.99	\$547.98		
	Ultra High Frequency with directional	\$336.99	\$673.98		
	Ultra Input Compression	\$273.99	\$547.98		
	Ultra Input Compression with directional	\$336.99	\$673.98		
	Ultra WDRC	\$273.99	\$547.98		
	Ultra WDRC with directional	\$336.99	\$673.98		
Qualitone — Half Shell	Evolution	\$373.99	\$747.98	\$124.97	12 months
	Ultra High Frequency	\$319.99	\$639.98		
	Ultra High Frequency with directional	\$369.99	\$739.98		
	Ultra Input Compression	\$319.99	\$639.98		
	Ultra Input Compression with directional	\$369.99	\$739.98		
	Ultra WDRC	\$319.99	\$639.98		
	Ultra WDRC with directional	\$369.99	\$739.98		
Qualitone — Low Profile	Evolution	\$363.99	\$727.98	\$124.97	12 months
	Evolution IDP	\$373.99	\$747.98		
	Trilliant	\$373.99	\$747.98		
	Ultra High frequency	\$273.99	\$547.98		
	Ultra High frequency with directional	\$336.99	\$673.98		
	Ultra Input Compression	\$273.99	\$547.98		
	Ultra Input Compression with directional	\$336.99	\$673.98		
	Ultra WDRC	\$273.99	\$547.98		
	Ultra WDRC with directional	\$336.99	\$673.98		
Rexton, Inc. — Full Shell	Targa ₁ RX-12	\$219.05	\$438.10	\$68.00	12 months
	Targa ₁ RX-12 with directional	\$219.05	\$438.10		
	Targa ₁ RX-12 with telecoil	\$219.05	\$438.10		
	Targa ₂ RX-12	\$279.50	\$559.00		
	Targa ₂ RX-12 with directional	\$279.50	\$559.00		
	Targa ₂ RX-12 with telecoil	\$279.50	\$559.00		
Rexton, Inc. — Half Shell	Targa ₁ RX-20	\$274.00	\$548.00	\$68.00	12 months
	Targa ₁ RX-20 with directional	\$274.00	\$548.00		
	Targa ₁ RX-20 with telecoil	\$274.00	\$548.00		
	Targa ₂ RX-20	\$334.75	\$669.50		
	Targa ₂ RX-20 with directional	\$334.75	\$669.50		
	Targa ₂ RX-20 with telecoil	\$334.75	\$669.50		

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)
 For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Siemens Hearing Instruments, Inc. — Full Shell	INFINITI pro	\$226.20	\$452.40	\$85.00	12 months
	INFINITI pro with directional	\$301.80	\$603.60		
	INFINITI pro with switchless telecoil	\$268.20	\$536.40		
	INFINITI pro with telecoil	\$259.80	\$519.60		
	MUSIC pro	\$321.54	\$643.08		
	MUSIC pro with switchless telecoil	\$363.54	\$727.08		
	MUSIC pro with telecoil	\$355.14	\$710.28		
	PHOENIX	\$294.00	\$588.00		
	PHOENIX with directional	\$369.60	\$739.20		
	PHOENIX with switchless telecoil	\$336.00	\$672.00		
	PHOENIX with telecoil	\$327.60	\$655.20		
	PHOENIX one	\$202.95	\$405.90		
	PHOENIX one with directional	\$278.55	\$557.10		
	PHOENIX one with switchless telecoil	\$244.95	\$489.90		
PHOENIX one with telecoil	\$236.55	\$473.10			
Siemens Hearing Instruments, Inc. — Half Shell	INFINITI pro	\$253.00	\$506.00	\$85.00	12 months
	INFINITI pro with directional	\$328.60	\$657.20		
	INFINITI pro with switchless telecoil	\$295.00	\$590.00		
	INFINITI pro with telecoil	\$286.60	\$573.20		
	MUSIC pro	\$323.40	\$646.80		
	MUSIC pro with switchless telecoil	\$365.40	\$730.80		
	MUSIC pro with telecoil	\$357.00	\$714.00		
	PHOENIX	\$308.00	\$616.00		
	PHOENIX with switchless telecoil	\$350.00	\$700.00		
	PHOENIX with telecoil	\$341.60	\$683.20		
	PHOENIX one	\$220.50	\$441.00		
	PHOENIX one with directional	\$296.10	\$592.20		
	PHOENIX one with switchless telecoil	\$262.50	\$525.00		
	PHOENIX one with telecoil	\$254.10	\$508.20		
Starkey Laboratories, Inc. — Full Shell	Arista	\$352.00	\$704.00	\$112.47	12 months
	Arista Directional	\$372.00	\$744.00		
	Genesis Dx Discovery D 2k Hz primary peak	\$247.00	\$494.00		
	Genesis Dx Discovery D 3k Hz primary peak	\$247.00	\$494.00		
	Genesis Dx Inteli D High Frequency Emphasis	\$255.00	\$510.00		
	Genesis Dx Inteli D S-AMP Response	\$255.00	\$510.00		
	Genesis Dx Inteli D WDRC Response	\$255.00	\$510.00		
	Genesis Dx Inteli Power D	\$262.00	\$524.00		
	Genesis Dx Inteli Ultra Power D	\$262.00	\$524.00		
	Sirrus II	\$300.00	\$600.00		
	Sirrus II Directional	\$340.00	\$680.00		

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Starkey Laboratories, Inc. — Half Shell	Arista	\$372.00	\$744.00	\$112.47	12 months
	Genesis Dx Discovery D 2k Hz primary peak	\$266.00	\$532.00	\$56.69	
	Genesis Dx Discovery D 3k Hz primary peak	\$266.00	\$532.00	\$56.69	
	Genesis Dx Inteli D High Frequency Emphasis	\$273.00	\$546.00	\$56.69	
	Genesis Dx Inteli D S-AMP Response	\$273.00	\$546.00	\$56.69	
	Genesis Dx Inteli D WDRC Response	\$273.00	\$546.00	\$56.69	
	Genesis Dx Inteli Power D	\$279.00	\$558.00	\$56.69	
	Sirrus II	\$320.00	\$640.00	\$112.47	
	Sirrus II Directional	\$360.00	\$720.00	\$112.47	
Unitron Hearing, Inc. — Full Shell	Unison 3	\$341.25	\$682.50	\$75.00	6 months
	Unison 3 Power	\$371.25	\$742.50		
	Unison Essential	\$281.25	\$562.50		
	Unison Essential Power	\$303.75	\$607.50		
Unitron Hearing, Inc. — Half Shell	Unison 3	\$371.25	\$742.50	\$75.00	6 months
	Unison Essential	\$311.25	\$622.50		

V5257 — Hearing aid, digital, monaural, BTE (Applicable modifiers: LT, RR, RT)

For binaural, use V5261 — Hearing aid, digital, binaural, BTE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Electone, Inc.	Rio Sierra Power	\$337.12	\$674.24	\$91.00	6 months
	Rio Sierra Super Power	\$361.62	\$723.24		
	Terra	\$337.12	\$674.24		
Micro Ear Technology, Inc.	Caballo	\$299.93	\$599.86	\$112.49	12 months
Oticon, Inc.	GO BTE	\$243.75	\$487.50	\$100.00	12 months
	GO BTE Directional	\$258.75	\$517.50		
	GO BTE Power	\$281.25	\$562.50		
	GO BTE VC	\$262.50	\$525.00		
Phonak Hearing Systems	MAXX 211	\$239.85	\$479.70	\$129.50	12 months
	MAXX 211D	\$259.35	\$518.70		
	MAXX 311	\$259.35	\$518.70		
Qualitone	312 Trilliant	\$365.99	\$731.98	\$124.97	12 months
	Evolution MM	\$359.99	\$719.98		
	Trilliant MM	\$365.99	\$731.98		
Rexton, Inc.	Targa ₁ P	\$240.10	\$480.20	\$73.50	12 months
	Targa ₂	\$374.50	\$749.00		
Siemens Hearing Instruments, Inc.	INFINITI pro	\$270.00	\$540.00	\$85.00	12 months
	INFINITI pro D	\$288.00	\$576.00		
	INFINITI pro SP	\$291.00	\$582.00		
	MUSIC pro	\$374.50	\$749.00		
	PHOENIX 113	\$212.40	\$424.80		
	PHOENIX 213	\$212.40	\$424.80		
	PHOENIX 313	\$212.40	\$424.80		

V5257 — Hearing aid, digital, monaural, BTE (Applicable modifiers: LT, RR, RT) (Continued)
 For binaural, use V5261 — Hearing aid, digital, binaural, BTE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Starkey Laboratories, Inc.	Arista (13 case)	\$360.00	\$720.00	\$112.47	12 months
	Arista (Mini BTE Case/312)	\$360.00	\$720.00		
	Sirrus II	\$299.00	\$598.00		
	Sirrus II Directional	\$342.00	\$684.00		
Unitron Hearing, Inc.	Unison 3	\$341.25	\$682.50	\$75.00	6 months
	Unison 3 Power	\$371.25	\$742.50		
	Unison Essential	\$281.25	\$562.50		
	Unison Essential Power	\$311.25	\$622.50		

V5259 — Refer to V5255.

V5260 — Refer to V5256.

V5261 — Refer to V5257.

ATTACHMENT 2

Noncontracted Hearing Instruments and Related Services

Modifiers for Noncontracted Hearing Instruments and Related Services

The following modifiers are allowable for noncontracted hearing instruments and related services.

Modifier	Description
22	Unusual procedural services [recasing or replating]
50	Bilateral procedure [both ears]
52	Reduced services [minor repairs]
LT	Left side
RR*	Rental
RT	Right side
TG	Complex/high tech level of care

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

Noncontracted Hearing Aid Styles

The following procedure codes are allowable for hearing aid styles that are not available through a volume purchase contract. These procedure codes are allowable for recipients of any age.

Procedure Code	Description	Applicable Modifiers	Maximum Allowable Fee
V5070	Glasses, air conduction	LT, RR, RT	\$331.60
V5080	Glasses, bone conduction	LT, RR, RT	\$331.60
V5150	Binaural, glasses	RR	\$642.27
V5190	Hearing aid, CROS, glasses	LT, RR, RT	\$451.54
V5230	Hearing aid, BICROS, glasses	RR	\$571.48

Complex or High-Tech Hearing Aids for Recipients 21 and Under

The following procedure codes are allowable for complex or high-tech hearing aid models when medically necessary for recipients 21 years of age and under. *Modifier “TG” must be used with these procedure codes.*

Procedure Code	Description	Required Modifier	Applicable Modifiers
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	TG	LT, RR, RT
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	TG	LT, RR, RT
V5252	Hearing aid, digitally programmable, binaural, ITE	TG	RR
V5253	Hearing aid, digitally programmable, binaural, BTE	TG	RR
V5256	Hearing aid, digital, monaural, ITE	TG	LT, RR, RT
V5257	Hearing aid, digital, monaural, BTE	TG	LT, RR, RT
V5260	Hearing aid, digital, binaural, ITE	TG	RR
V5261	Hearing aid, digital, binaural, BTE	TG	RR

Hearing Instruments and Related Services

The following procedure codes are allowable for hearing instruments and related services that are not available through a volume purchase contract.

Procedure Code	Description	Required Modifier	Applicable Modifiers	Maximum Allowable Fee
V5014	Repair/modification of a hearing aid		50, LT, RT	\$129.50
V5014	Repair/modification of a hearing aid [major repair]		50, LT, RT	\$129.50*
V5014	Repair/modification of a hearing aid [minor repair]	52	50, LT, RT	\$26.52
V5014	Repair/modification of a hearing aid [recasing or replating]	22	50, LT, RT	\$60.88
V5110	Dispensing fee, bilateral			\$537.53
V5160	Dispensing fee, binaural			\$537.53
V5200	Dispensing fee, CROS		LT, RT	\$298.63
V5240	Dispensing fee, BICROS			\$537.53
V5241	Dispensing fee, monaural hearing aid, any type		LT, RT	\$298.63
V5264	Ear mold/insert, not disposable, any type		50, LT, RT	\$42.58
V5266	Battery for use in hearing device			\$1.02
V5267	Hearing aid supplies/accessories		50, LT, RT	\$27.20
V5273	Assistive listening device, for use with cochlear implant			\$177.16
V5274	Assistive listening device, not otherwise specified			\$177.16
V5275	Ear impression, each		LT, RT	\$20.00
V5299	Hearing service, miscellaneous			Manually priced

*\$129.50 is the maximum fee allowable for major repairs made to *noncontracted* hearing aid models. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for contracted repair rates for major repairs made to *contracted* hearing aid models.

ATTACHMENT 3

Manufacturers and Contact Information

The following table lists the manufacturers that have signed a volume purchase contract with Wisconsin Medicaid.

Manufacturer and Contact Name	Address	Telephone Number and Fax Number	Delivery Time
Electone, Inc. Contact: Jane Perrone	1124 Florida Central Pkwy Longwood FL 32750	Telephone: (800) 432-7483 Fax: (407) 830-4678	5 days
Micro Ear Technology, Inc. Contact: Bill Savage	Ste 10 3500 Holly Ln N Plymouth MN 55447	Telephone: (800) 211-7790 Fax: (763) 519-7400	5 days
Oticon, Inc. Contacts: Cathleen Van Evra Irene Hnidj	PO Box 6724 Somerset NJ 08875-6724	Telephone: (800) 526-3921 Fax: (732) 560-0029	10 days
Phonak Hearing Systems Contact: LuAnn Elmore	4520 Weaver Pkwy Warrenville IL 60555	Telephone: (800) 777-7333 Fax: (800) 393-7400	7 days
Qualitone Contact: Michael Block	4931 W 35 th St St Louis Park MN 55416	Telephone: (800) 328-3897 Fax: (952) 927-0976	7 days
Rexton, Inc. Contact: Jerusha Davis	Ste 2 5010 Cheshire Ln N Plymouth MN 55446	Telephone: (800) 876-1141 Fax: (763) 553-9129	30 days
Siemens Hearing Instruments, Inc. Contact: Joe Molinaro	16 E Piper Ln Prospect Heights IL 60070	Telephone: (800) 572-5251 Fax: (763) 494-9746	5 days
Starkey Laboratories, Inc. Contact: Teresa Franke	6700 Washington Ave S Eden Prairie MN 55344	Telephone: (800) 328-8602 Fax: (952) 947-4701	5-7 days
Unitron Hearing, Inc. Contact: Katie Bettenberg	2300 Berkshire Ln N Plymouth MN 55441	Telephone: (800) 888-8882 Fax: (763) 557-8828	5 days

ATTACHMENT 4

Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions

(A copy of the "Prior Authorization Request for Hearing Instrument and Audiological Services [PA/HIAS1] Completion Instructions" is located on the following pages.)

(This page was intentionally left blank.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT AND
AUDIOLOGICAL SERVICES (PA/HIAS1) COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is mandatory to receive prior authorization (PA) of certain procedures/services/items. Only number-stamped originals of this form will be accepted. In addition to the Prior Authorization for Hearing Instrument and Audiological Services (PA/HIAS1) form, hearing instrument specialists and audiologists are required to include a completed Prior Authorization/Hearing Instrument and Audiological Services (PA/HIAS2) attachment. Hearing instrument specialists are also required to include a completed Prior Authorization/Physician Otological Report (PA/POR).

Providers may submit PA requests, along with all applicable service-specific attachments, by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may submit PA requests with attachments to:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — PROVIDER INFORMATION

Element 1 — Name and Address — Testing Center

Enter the name and complete address (street, city, state, and zip code) of the testing center. No other information should be entered in this element, since it also serves as a return mailing label.

Element 2 — Telephone Number — Testing Center

Enter the telephone number, including the area code, of the testing center.

Element 3 — Processing Type

Processing type "123" (hearing instruments) is preprinted in this element.

Element 4 — Testing Center's Medicaid Provider Number

Enter the eight-digit Medicaid provider number of the testing center.

Element 5 — Name — Referring Physician

Enter the name of the referring physician.

Element 6 — Referring Physician's UPIN, Medicaid, or License Number

Enter the six-digit Medicare Universal Provider Identification Number, eight-digit Medicaid provider number, or license number of the referring physician.

SECTION II — RECIPIENT INFORMATION

Element 7 — Name and Address — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS. Enter the complete address of the recipient's place of residence, including the street, city, state, and zip code. If the recipient is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 8 — Recipient Medicaid ID Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the recipient's Medicaid identification card or the EVS to obtain the correct identification number.

Element 9 — Sex — Recipient

Enter an "X" in the appropriate box to specify male or female.

Element 10 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YY format (e.g., September 8, 1966, would be 09/08/66).

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 11 — Diagnosis — Code and Description

Enter an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code and written description of the recipient's diagnosis.

Element 12 — Performing Provider Number

Enter the eight-digit Medicaid number of the provider who is requesting the service; this provider will not necessarily be the one performing the service. Enter a number here only if this number is different from the testing center's Medicaid provider number listed in Element 4.

Element 13 — Procedure Code

Enter the appropriate procedure code for each requested hearing instrument or related service.

Element 14 — Modifiers

Enter the modifier(s) corresponding to the procedure code listed if a modifier is required by Wisconsin Medicaid. Refer to service-specific publications for a list of allowable modifiers.

Element 15 — POS

Enter the appropriate two-digit place of service code designating where the requested service/procedure/item would be provided/performed/dispensed.

Element 16 — Description of Service

Enter the procedure code description of the requested hearing instrument or related service. If requesting a hearing aid, enter the manufacturer and model number.

Element 17 — QR

Enter the appropriate quantity requested for each procedure code listed.

Element 18 — Charge

When requesting a hearing aid model available through a volume purchase contract, enter the contracted purchase rate. When requesting a hearing aid style that is not available through a volume purchase contract, enter the usual and customary charge. When requesting a complex or high-tech hearing aid model, which is not available through a volume purchase contract, enter the actual or best estimate of the net cash outlay cost. When requesting a major repair for a contracted hearing aid model, enter the contracted repair rate. For all other services and hearing instruments, enter the usual and customary charge for each service/procedure/item requested. If the quantity is greater than "1," multiply the quantity by the charge for each service/procedure/item requested. Enter that total amount in this element.

Element 19 — Total Charges

Enter the anticipated total charge for this request.

Element 20 — Signature — Requesting Provider

The original signature of the requesting audiologist or hearing instrument specialist must appear in this element.

Element 21 — Provider Type

Check the appropriate box to indicate whether the requesting provider is an audiologist or a hearing instrument specialist.

Element 22 — Date Signed

Enter the month, day, and year the PA/HIAS1 was signed (in MM/DD/YY format).

Do not enter any information below the signature of the requesting provider — this space is reserved for Wisconsin Medicaid consultants and analysts.

ATTACHMENT 5

Sample Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1)

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11020 (Rev. 06/03)

STATE OF WISCONSIN
HFS 106.03(4), Wis. Admin. Code

WISCONSIN MEDICAID PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT AND AUDIOLOGICAL SERVICES (PA/HIAS1)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read the instructions and information published in HCF 11020A.

FOR MEDICAID USE — ICN	AT	Prior Authorization Number
-------------------------------	----	----------------------------

SECTION I — PROVIDER INFORMATION

1. Name and Address — Testing Center (Street, City, State, Zip Code) Ima Hearing Instrument Specialist 222 Oak Ave Anytown, WI 55555	2. Telephone Number — Testing Center (XXX) XXX-XXXX	3. Processing Type <div style="text-align: center; font-size: 1.2em;">123</div>
	4. Testing Center's Medicaid Provider Number 12345678	
	6. Referring Physician's UPIN, Medicaid, or License Number X12345	
5. Name — Referring Physician I.M. Referring		

SECTION II — RECIPIENT INFORMATION

7. Name and Address — Recipient (Last, First, Middle Initial; Street, City, State, Zip Code) Recipient, Im A. 609 Willow Anytown, WI 55555	8. Recipient Medicaid ID Number 1234567890	9. Sex — Recipient <input checked="" type="checkbox"/> M <input type="checkbox"/> F
	10. Date of Birth — Recipient (MM/DD/YY) MM/DD/YY	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Code and Description										389.10 Sensorineural Hearing Loss, Unspecified	
12. Performing Provider Number	13. Procedure Code	14. Modifiers				15. POS	16. Description of Service	17. QR	18. Charge		
		1	2	3	4						
87654321	V5050	RT				11	Hearing aid, monaural, in the ear; Electone, Inc. — full shell; Class A	1	\$153.81		
An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.								19. Total Charges	\$153.81		

20. SIGNATURE — Requesting Provider <i>Ima Hearing Instrument Specialist</i>	21. Provider Type <input type="checkbox"/> Audiologist <input checked="" type="checkbox"/> Hearing Instrument Specialist	22. Date Signed MM/DD/YY
--	--	------------------------------------

FOR MEDICAID USE	Procedure(s) Authorized:	Quantity Authorized:
<input type="checkbox"/> Approved <div style="display: flex; justify-content: space-around; margin-top: 5px;"> _____ Grant Date _____ Expiration Date </div>		
<input type="checkbox"/> Modified — Reason:		
<input type="checkbox"/> Denied — Reason:		

ATTACHMENT 6

Hearing Instrument Specialist Terms of Reimbursement

(A copy of the "Hearing Instrument Specialist Terms of Reimbursement" is located on the following pages.)



DIVISION OF HEALTH CARE FINANCING
WISCONSIN MEDICAID AND BADGERCARE
PROVIDER SERVICES
6406 BRIDGE ROAD
MADISON WI 53784

Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: 800-947-9627
608-221-9883

dhfs.wisconsin.gov/medicaid
dhfs.wisconsin.gov/badgercare

HEARING INSTRUMENT SPECIALIST TERMS OF REIMBURSEMENT

Wisconsin Medicaid reimbursement for the majority of covered hearing instruments is made under contract between the Department and hearing aid manufacturers that were chosen as a result of a competitive bid process.

The Department establishes maximum allowable fees for all covered hearing aid dispensing services, equipment, and supplies provided to Wisconsin Medicaid recipients eligible on the date of service. The maximum allowable fees are based on various factors, including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature's Medicaid budgetary constraints, the results of a competitive bid process for volume purchase discounted prices, and other relevant economic limitations. Likewise, specific hearing aid models were chosen during the competitive bid process based on the price of the model in relationship to the maximum allowable fee. Maximum allowable fees may be adjusted to reflect reimbursement limits or limits on the availability of federal funding as specified in federal law.

For hearing aids that are available under contract, the provider may order only the models available under contract. The provider receives up to the maximum allowable fee for dispensing the hearing aid plus the contracted price for the specific hearing aid model.

For hearing aids that are not available under contract, the provider receives up to the maximum allowable fee for dispensing the hearing aid plus the lesser of the provider's net cash outlay (i.e., the manufacturer's invoice cost including end-of-month volume discounts) or the Medicaid maximum allowable fee for the materials and supplies purchased.

Hearing Aid Package

The purchase of a hearing aid package (including, but not limited to, a hearing aid, ear mold, and cord) is reimbursed at the contracted price for the specific hearing aid model being dispensed. For hearing aids that are not available under contract, the provider receives reimbursement based on the lesser of the Medicaid maximum allowable fee or the manufacturer's invoice cost including end-of-month volume discounts. For these hearing aid styles, the provider is required to bill the manufacturer's actual invoice cost including end-of-month volume discounts. That amount is considered the net cash outlay or the actual cost to the provider. It allows the provider to fully recover his or her out-of-pocket cost for the purchase of the hearing aid furnished to Wisconsin Medicaid recipients.

Applicable Provider Type(s): 36, 37, 84

Effective Date: January 1, 2005
Renewed: January 1, 2005

Hearing Aid Accessories and Dispensing Fees

Hearing aid accessories that are not a part of the initial hearing aid package are reimbursed based on the lesser of the Medicaid maximum allowable fee or the provider's usual and customary charge.

Providers are required to bill their usual and customary charges for the dispensing of a hearing aid. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients.

The dispensing fee is reimbursed based on the lesser of the Medicaid maximum allowable fee or the provider's usual and customary charge. The dispensing fee includes the following services:

- A 12-month service guarantee and any necessary service to maintain proper function of the hearing aid.
- Ear mold impression.
- Initial office visit.
- Proper fitting of the hearing aid.
- Up to five post-fittings as necessary for adjustments and hearing aid orientation. (This includes performance checks.)

The Department adjusts payments made to providers to reflect the amounts of any allowable copayments, which providers are required to collect pursuant to ch. 49, Wis. Stats. Wisconsin Medicaid reimbursement, less appropriate copayments and payments by other insurers, is considered payment in full.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with s. 49.46(2)(c), Wis. Stats.

In accordance with federal regulations contained in 42 CFR s. 447.205, the Department will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting maximum allowable fees for services.

ATTACHMENT 7

Audiology Terms of Reimbursement

(A copy of the "Audiology Terms of Reimbursement" is located on the following pages.)



DIVISION OF HEALTH CARE FINANCING
WISCONSIN MEDICAID AND BADGERCARE
PROVIDER SERVICES
6406 BRIDGE ROAD
MADISON WI 53784

Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: 800-947-9627
608-221-9883
dhfs.wisconsin.gov/medicaid
dhfs.wisconsin.gov/badgercare

AUDIOLOGY TERMS OF REIMBURSEMENT

Wisconsin Medicaid reimbursement for the majority of covered hearing instruments is made under contract between the Department and hearing aid manufacturers that were chosen as a result of a competitive bid process.

The Department establishes maximum allowable fees for all covered audiology services and all hearing aid dispensing services, equipment, and supplies provided to Wisconsin Medicaid recipients eligible on the date of service. The maximum allowable fees are based on various factors, including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature's Medicaid budgetary constraints, the results of a competitive bid process for volume purchase discounted prices, and other relevant economic limitations. Likewise, specific hearing aid models were chosen during the competitive bid process based on the price of the model in relationship to the maximum allowable fee. Maximum allowable fees may be adjusted to reflect reimbursement limits or limits on the availability of federal funding as specified in federal law.

Audiology Professional Services

For diagnostic audiological services and for hearing therapy, the maximum allowable fees apply to one unit of service, which is the complete service as defined by the *Current Procedural Terminology* code description.

Dispensing of Hearing Aids

For hearing aid styles that are available under contract, the provider may order only the models available under contract. The provider receives up to the maximum allowable fee for dispensing the hearing aid plus the contracted price for the specific hearing aid model.

For hearing aid styles that are not available under contract, the provider receives up to the maximum allowable fee for dispensing the hearing aid plus the lesser of the provider's net cash outlay (i.e., the manufacturer's invoice cost including end-of-month volume discounts) or the Medicaid maximum allowable fee for the materials and supplies purchased.

Applicable Provider Type(s): 36, 37

Effective Date: January 1, 2005
Renewed: January 1, 2005

Hearing Aid Package

The purchase of a hearing aid package (including, but not limited to, a hearing aid, ear mold, and cord) is reimbursed at the contracted price for the specific hearing aid model being dispensed. For hearing aid styles that are not available under contract, the provider receives reimbursement for the hearing aid package based on the lesser of the Medicaid maximum allowable fee or the manufacturer's invoice cost including end-of-month volume discounts. For these hearing aid styles, the provider is required to bill the manufacturer's actual invoice cost including end-of-month volume discounts. That amount is considered the net cash outlay or the actual cost to the provider. It allows the provider to fully recover his or her out-of-pocket cost for the purchase of the hearing aid furnished to Wisconsin Medicaid recipients.

Hearing Aid Accessories and Dispensing Fees

Hearing aid accessories that are not a part of the initial hearing aid package are reimbursed based on the lesser of the Medicaid maximum allowable fee or the provider's usual and customary charge.

Providers are required to bill their usual and customary charges for the dispensing of a hearing aid.

The dispensing fee is reimbursed based on the lesser of the Medicaid maximum allowable fee or the provider's usual and customary charge. The dispensing fee includes the following services:

- A 12-month service guarantee and any necessary service to maintain proper function of the hearing aid.
- Ear mold impression.
- Initial office visit.
- Proper fitting of the hearing aid.
- Up to five post-fittings as necessary for adjustments and hearing aid orientation. (This includes performance checks.)

General Provisions

Providers are required to bill their usual and customary charges for all services provided other than hearing aids. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients.

Applicable Provider Type(s): 36, 37

Effective Date: January 1, 2005
Renewed: January 1, 2005

For covered services other than hearing aids, the Department reimburses the lesser of a provider's usual and customary charge or the Medicaid maximum allowable fee. Wisconsin Medicaid reimbursement, less appropriate copayments and payments by other insurers, is payment in full.

The Department adjusts payments made to providers to reflect the amounts of any allowable copayments, which providers are required to collect pursuant to ch. 49, Wis. Stats. Wisconsin Medicaid reimbursement, less appropriate copayments and payments by other insurers, is considered payment in full.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with s. 49.46(2)(c), Wis. Stats.

In accordance with federal regulations contained in 42 CFR s. 447.205, the Department will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting maximum allowable fees for services.

Applicable Provider Type(s): 36, 37

Effective Date: January 1, 2005
Renewed: January 1, 2005

ATTACHMENT 8

Overview of Hearing Aid Policies

The following table includes new hearing aid policies.

Policy	Hearing Aids Affected
Trial period — 90 days	Only those purchased under contract
Loss and damage warranty — 12 months	Only those purchased under contract
Equipment warranty — 24 months	Only those purchased under contract
Major repairs — After the 24-month equipment warranty has expired, Wisconsin Medicaid covers major repairs once within the duration of the repair warranty.	Only those purchased under contract
Minor repairs — After 12 months from the dispensing date, Wisconsin Medicaid covers minor repairs once every six months.	All Medicaid-covered hearing aids
Life expectancy — 5 years	All Medicaid-covered hearing aids