

To:
Ambulatory
Surgery Centers
Audiologists
Federally Qualified
Health Centers
Home Health
Agencies
Individual Medical
Supply Providers
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Physician Clinics
Physicians
Speech and
Hearing Clinics
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid Coverage of Cochlear and Bone-Anchored Hearing Devices

Effective for dates of service on and after March 1, 2005, Wisconsin Medicaid separately reimburses durable medical equipment providers for cochlear and bone-anchored hearing devices when the implant surgery is performed in an ambulatory surgery center or outpatient hospital and there is a prior authorization on file from the performing surgeon.

Separate Reimbursement for Cochlear and Bone-Anchored Hearing Devices

Effective for dates of service on and after March 1, 2005, Wisconsin Medicaid separately reimburses durable medical equipment (DME) providers for cochlear and bone-anchored hearing devices when the implant surgery is performed in an ambulatory surgery center (ASC) or outpatient hospital and there is a prior authorization (PA) on file from the performing surgeon. The place of service codes for these facilities are as follows:

- “11” (Office).
- “22” (Outpatient Hospital).
- “24” (Ambulatory Surgical Center).

Cochlear Implants

Cochlear equipment manufacturers, outpatient hospitals, and ASCs certified as DME providers should use procedure codes L8614 (Cochlear device/system) or L8619 (Cochlear implant external speech processor, replacement) when billing for the cochlear implant devices.

Note: For the initial cochlear implant, providers should only bill procedure code L8614. Procedure code L8619 is billed when *replacing* the external speech processor.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for detailed information about procedure codes L8614 and L8619.

Bone-Anchored Hearing Devices

Bone-anchored hearing device manufacturers, outpatient hospitals, and ASCs certified as DME providers should use procedure code L8699 (Prosthetic implant, not otherwise specified) when billing for bone-anchored hearing devices. Procedure code L8699 may only be billed for bone-anchored hearing devices; no other prosthetic device is reimbursed under L8699.

If a recipient uses a processor and headband rather than the implanted device, providers are required to obtain PA for the processor and headband equipment and should use procedure code V5298 (Hearing aid, not otherwise classified).

Refer to Attachment 1 for detailed information about procedure codes L8699 and V5298.

Performing Surgeon Required to Obtain Prior Authorization for the Surgeries

The performing surgeon is required to obtain PA from Wisconsin Medicaid for the cochlear and bone-anchored hearing device implant surgeries. Wisconsin Medicaid will deny claims for services and equipment relating to the surgery unless there is a PA on file from the performing surgeon for the surgery.

Durable medical equipment providers should not indicate the surgeon's PA number on claims for services and equipment relating to the surgery; Wisconsin Medicaid will verify that the PA request was approved.

When submitting PA requests, providers are required to use the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), HCF 11020 (Rev. 06/03), and Prior Authorization Request/ Hearing Instrument and Audiological Services (PA/HIAS2), HCF 11021 (Rev. 06/04), forms.

Hearing Device Repairs and Replacements

Durable medical equipment providers should use the following procedure codes when billing for repairs of and replacement parts for cochlear and bone-anchored hearing devices:

- L8615 (Headset/headpiece for use with cochlear implant device, replacement).
- L8616 (Microphone for use with cochlear implant device, replacement).
- L8617 (Transmitting coil for use with cochlear implant device, replacement).
- L8618 (Transmitter cable for use with cochlear implant device, replacement).
- L7510 (Repair of prosthetic device, repair or replace minor parts). Use this procedure code for all other repairs or replacement parts not listed above.

Prior authorization is required if the total repair exceeds \$150.00. Refer to Attachment 2 for more detailed information about procedure codes L8615, L8616, L8617, L8618, and L7510.

Refer to Attachment 3 for the cochlear implant and bone-anchored hearing device replacement parts that are reimbursable under procedure codes L8615, L8616, L8617, L8618, and L7510.

Refer to the DME Index on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for current maximum allowable fees.

Note: Wisconsin Medicaid assigns "U" modifiers to multiple items listed on PA requests to indicate separate approval of DME items (i.e., accessories). Refer to the July 2003 *Update* (2003-52), titled "Changes to local codes, paper claims, and prior authorization for durable medical equipment as a result of HIPAA," for more information on "U" modifiers.

Facilities Must Be Medicaid-Certified Durable Medical Equipment Providers

Cochlear and bone-anchored hearing device manufacturers, outpatient hospitals, and ASCs are required to obtain separate Medicaid certification and a unique provider number as a DME provider before billing for the cochlear or bone-anchored hearing devices. The device manufacturers, outpatient hospitals, and ASCs are required to indicate their DME provider number on the CMS 1500 claim form or 837 Health Care Claim: Professional (837P) electronic transaction when submitting claims for reimbursement.

Note: Audiologists and speech and hearing clinics, as well as DME providers, may submit PA requests and bill for replacement parts and accessories.

Durable medical equipment providers should not indicate the surgeon's PA number on claims for services and equipment relating to the surgery; Wisconsin Medicaid will verify that the PA request was approved.

Obtaining a Certification Packet

Providers may obtain a Wisconsin Medicaid DME certification packet by:

- Contacting Provider Services at (800) 947-9627 or (608) 221-9883.
- Sending a request in writing to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

- Accessing the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ and doing the following:
 - ✓ Selecting “Providers” on the Wisconsin Medicaid home page.
 - ✓ Choosing “Certification Packets” under “Provider Publications and Forms.”
 - ✓ Scrolling down the page and selecting the “Medical Supply and Equipment Vendor” certification packet. Providers should download, print, and mail the completed certification packet to the previously listed address.

Providers should refer to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for a complete list of publications for medical equipment vendors.

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/.

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ATTACHMENT 1

Allowable Procedure Codes for Billing Cochlear Implant and Bone-Anchored Hearing Devices

Providers should use the following procedure code information when billing for cochlear implant and bone-anchored hearing devices.

Cochlear Implant Hearing Devices									
Procedure Code	Procedure Code Description	Maximum Allowable Fee	Prior Authorization	Life Expectancy	Covered in Nursing Home	Copayment	Bilateral	Place of Service	Provider Type
L8614	Cochlear device/system	\$21,500	No	10 years	No	\$3.00	No	22, 24	54
L8619	Cochlear implant external speech processor, replacement	\$6,000	No	3 years	No	\$3.00	No	11	19-22, 36, 37, 54

Bone-Anchored Hearing Devices									
Procedure Code	Procedure Code Description	Maximum Allowable Fee	Prior Authorization	Life Expectancy	Covered in Nursing Home	Copayment	Bilateral	Place of Service	Provider Type
L8699	Prosthetic implant, not otherwise specified	\$4,742	No	5 years	No	\$3.00	No	22, 24	54
V5298	Hearing aid, not otherwise classified [Use when a processor and headband is worn and surgery is not required.]	\$2,590	Yes	5 years	No	\$3.00	No	11	36, 37, 54

Allowable Place of Service Codes and Provider Types for Billing Cochlear Implant and Bone-Anchored Hearing Devices (Procedure Codes L8614, L8619, L8699, and V5298)	
Allowable Place of Service Codes 11 — Office 22 — Outpatient Hospital 24 — Ambulatory Surgical Center	Provider Types 19-22 — Physician Clinics and Physicians 36 — Speech and Hearing Clinics 37 — Audiologists 54 — Medical Equipment Vendors

ATTACHMENT 2

Allowable Procedure Codes for Billing Cochlear Implant and Bone-Anchored Hearing Device Replacement Parts

Providers should use the following procedure code information when billing for cochlear implant and bone-anchored hearing device replacement parts.

Note: Wisconsin Medicaid assigns “U” modifiers to multiple items listed on prior authorization requests to indicate separate approval of durable medical equipment (i.e., accessories). Refer to the July 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-52), titled “Changes to local codes, paper claims, and prior authorization for durable medical equipment as a result of HIPAA,” for more information on “U” modifiers.

Cochlear Implant and Bone-Anchored Hearing Device Replacement Parts									
Procedure Code	Procedure Code Description	Maximum Allowable Fee	Prior Authorization	Life Expectancy	Covered in Nursing Home	Copayment	Bilateral	Place of Service	Provider Type
L7510	Repair of prosthetic device, repair or replace minor parts	Individually priced	Yes, if the repair or parts exceed \$150.00	Varied	Yes	\$0.00	No	11, 12, 31, 32	24, 26, 34, 36, 37, 38, 54, 65, 78
L8615	Headset/headpiece for use with cochlear implant device, replacement	\$360.00	Yes	1 per 3 years	Yes	\$3.00	No	11, 12, 31, 32	24, 26, 34, 36, 37, 38, 54, 65, 78
L8616	Microphone for use with cochlear implant device, replacement	\$240.00	Yes	1 per year	Yes	\$3.00	No	11, 12, 31, 32	24, 26, 34, 36, 37, 38, 54, 65, 78
L8617	Transmitting coil for use with cochlear implant device, replacement	Individually priced	Only if over \$150.00	4 per 6 months	Yes	\$1.00	No	11, 12, 31, 32	24, 26, 34, 36, 37, 38, 54, 65, 78
L8618	Transmitter cable for use with cochlear implant device, replacement	Individually priced	Only if over \$150.00	4 per 6 months	Yes	\$1.00	No	11, 12, 31, 32	24, 26, 34, 36, 37, 38, 54, 65, 78

Allowable Place of Service Codes	Provider Types
11 — Office	24 — Federally Qualified Health Centers
12 — Home	26 — Pharmacies
31 — Skilled Nursing Facility	34 — Physical Therapists
32 — Nursing Facility	36 — Speech and Hearing Clinics
	37 — Audiologists
	38 — Therapy Groups
	54 — Medical Equipment Vendors
	65 — Rehabilitation Agencies
	78 — Speech-Language Pathologists

ATTACHMENT 3

Replacement Parts for Cochlear Implant and Bone-Anchored Hearing Devices

The following cochlear implant device and bone-anchored hearing device replacement parts are reimbursable under procedure codes L8615, L8616, L8617, L8618, and L7510.

Cochlear Implant Devices	
Replacement Parts	Life Expectancy
Battery charger kit	1 per 3 years
Cochlear auxiliary cable adapter	1 per 3 years
Cochlear belt clip	1 per 3 years
Cochlear harness extension adapter	1 per 3 years
Cochlear signal checker	1 per 3 years
Disposable batteries for ear-level processors	72 per 6 months
Headset (three-piece component)	1 per 3 years
Headset cochlear coil (individual component)	1 per year
Headset cochlear magnet (individual component)	1 per year
Headset microphone (individual component)	1 per year
Headset cable or cord	4 per 6 months
Microphone cover	1 per year
Pouch	1 per year
Rechargeable batteries (per set of two)	1 per year
Transmitter cable or cord	4 per 6 months

Bone-Anchored Hearing Devices	
Replacement Parts	Life Expectancy
Headband	1 per year
Batteries	72 per 6 months
Processor	1 per 5 years