

**To:** Ambulatory Surgery Centers, Audiologists, Blood Banks, Federally Qualified Health Centers, Hearing Instrument Specialists, Home Health Agencies, Individual Medical Supply Providers, Inpatient Hospital Providers, Medical Equipment Vendors, Nursing Homes, Outpatient Hospital Providers, Outpatient Hospital Therapy Providers, Pharmacies, Physical Therapists, Physician Clinics, Physicians, Rehabilitation Agencies, Speech-Language Pathologists, Speech and Hearing Clinics, Therapy Groups, HMOs and Other Managed Care Programs

## **Clarification of Coverage and Copayments for Hearing Services and Hearing Instruments, Including Cochlear Implants and Bone-Anchored Hearing Devices, Under the BadgerCare Plus Benchmark Plan**

This *BadgerCare Plus Update* clarifies information about coverage for hearing services and hearing instruments, including cochlear implants and bone-anchored hearing devices, under the BadgerCare Plus Benchmark Plan.

This *Update* replaces coverage and copayment information for the Benchmark Plan in the December 2007 *Update* (2007-101), titled "Hearing Services and Hearing Instruments Under BadgerCare Plus," and the December 2007 *Update* (2007-103), titled "Durable Medical Equipment Under BadgerCare Plus." Policies in this *Update* are effective for dates of service on and after February 1, 2008.

The purpose of this *BadgerCare Plus Update* is to clarify coverage of hearing services and hearing instruments under the BadgerCare Plus Benchmark Plan. Certain hearing services are covered under the Benchmark Plan; hearing instruments, however, are not covered. This information is effective for dates of service (DOS) on and after the February 1, 2008, implementation of BadgerCare Plus.

### **Coverage Policies for Hearing Services and Hearing Instruments Under the Benchmark Plan**

#### ***Hearing Services Covered for Audiologists and Speech and Hearing Clinic Providers***

Hearing services covered under the Benchmark Plan are listed in the Attachment of this *Update*. The codes listed are reimbursable for audiologists and speech and hearing clinic providers. Hearing services provided by hearing instrument specialists are not reimbursable under the Benchmark Plan. Other providers should refer to service-specific BadgerCare Plus publications or maximum allowable fee schedules for more information about covered hearing services.

For those hearing services covered under the Benchmark Plan, policies and procedures are the same as they are under the Standard Plan. Refer to the appropriate publications for more information on covered services and coverage limitations, policies (including prior authorization and reimbursement), and procedures.

## ***Hearing Aids and Hearing Aid Batteries***

Hearing aids and batteries for hearing aids **are not covered** under the Benchmark Plan.

## ***Cochlear Implants and Bone-Anchored Hearing Devices***

Cochlear implants and bone-anchored hearing devices **are not covered** under the Benchmark Plan. This includes the following Healthcare Common Procedure Coding System (HCPCS) procedure codes:

- Cochlear implant surgeries and materials, such as,
  - ✓ L8614-L8619.
  - ✓ L8621-L8624.
- Bone-anchored hearing device surgeries and materials, such as,
  - ✓ L8690-L8691.
  - ✓ V5266 and V5298.

This information corrects the information in the December 2007 *Update* (2007-103), titled “Durable Medical Equipment Under BadgerCare Plus,” which states that durable medical equipment (DME) covered under the Benchmark Plan is the same as that covered under the Standard Plan.

## ***Coverage of Procedure Code V5336***

Effective for DOS on and after February 1, 2008, HCPCS procedure code V5336 (Repair/modification of augmentative communicative system or device [excludes adaptive hearing aid]) is a **covered service** under the Benchmark Plan. The December 2007 *Update* (2007-101), titled “Hearing Services and Hearing Instruments Under BadgerCare Plus,” and *Update* 2007-103 incorrectly list procedure code V5336 as a noncovered service. Procedure code V5336 is subject to the \$5.00 copayment established for DME under the Benchmark Plan.

Providers who have charged Benchmark Plan members for this service should refund the member and submit a claim to BadgerCare Plus for reimbursement.

Previously published DME Benchmark Plan policies and procedures apply to procedure code V5336. Procedure code

V5336 is subject to DME service limitations established under the Benchmark Plan. Providers can refer to *Update* 2007-103 for more information about DME policies and procedures.

## ***Copayments Under the Benchmark Plan***

### ***Hearing Services for Audiologists and Speech and Hearing Clinic Providers***

Copayment for covered hearing services provided by audiologists and speech and hearing clinic providers is \$15.00 **per procedure** regardless of the number of procedures performed during one visit. If the BadgerCare Plus reimbursement for the hearing service is less than the established copayment, the member must be charged the lesser amount.

*Note:* Other providers should refer to previously published *Updates* for information about copayment policies under the Benchmark Plan.

This information corrects the Benchmark Plan copayment section in *Update* 2007-101.

### ***Exemptions***

Providers are reminded that certain members are exempt from copayment requirements under the Benchmark Plan, including the following:

- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.

### ***Information Regarding BadgerCare Plus HMOs***

BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. For managed care policy, contact the appropriate managed care organization.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, 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/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Hearing Services Covered Under the BadgerCare Plus Benchmark Plan

The following table lists *Current Procedural Terminology* (CPT) procedure codes for hearing services covered under the BadgerCare Plus Benchmark Plan for audiologists and speech and hearing clinic providers.

<b>Special Otorhinolaryngological Services Covered Under the BadgerCare Plus Benchmark Plan</b>	
<b>Procedure Code</b>	<b>Description</b>
69210	Removal impacted cerumen (separate procedure), one or both ears
92504	Binocular microscopy (separate diagnostic procedure)
92506	Evaluation of speech, language, voice, communication, and/or auditory processing
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	group, 2 or more individuals
92511	Nasopharyngoscopy with endoscope (separate procedure)
92512	Nasal function studies (eg, rhinomanometry)
92516	Facial nerve function studies (eg, electroneuronography)
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92526	Treatment of swallowing dysfunction and/or oral function for feeding
<b>Vestibular Function Tests, with Observation and Evaluation by Physician, Without Electric Recording</b>	
92531	Spontaneous nystagmus, including gaze
92532	Positional nystagmus test
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)
92534	Optokinetic nystagmus test
<b>Vestibular Function Tests, with Recording (eg, ENG, PENG), and Medical Diagnostic Evaluation</b>	
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of 4 positions, with recording
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	Oscillating tracking test, with recording
92546	Sinusoidal vertical axis rotational testing
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)
92548	Computerized dynamic posturography
<b>Audiologic Function Tests with Medical Diagnostic Evaluation</b>	
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92553	air and bone

<b>Special Otorhinolaryngological Services Covered Under the BadgerCare Plus Benchmark Plan</b>	
<b>Procedure Code</b>	<b>Description</b>
<b>Audiologic Function Tests with Medical Diagnostic Evaluation (Continued)</b>	
92555	Speech audiometry threshold
92556	with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 & 92556 combined)
92559	Audiometric testing of groups
92560	Bekesy audiometry; screening
92561	diagnostic
92562	Loudness balance test, alternate binaural or monaural
92563	Tone decay test
92564	Short increment sensitivity index (SISI)
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing; threshold
92569	decay
92571	Filtered speech test
92572	Staggered spondaic word test
92575	Sensorineural acuity level test
92576	Synthetic sentence identification test
92577	Stenger test, speech
92579	Visual reinforcement audiometry (VRA)
92582	Conditioning play audiometry
92583	Select picture audiometry
92584	Electrocochleography
92585	Auditory evoked potentials for evoked response audiometry and/or testing of central nervous system; comprehensive
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion product)
92588	comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92590	Hearing aid examination and selection; monaural
92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural
92593	binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	binaural
92596	Ear protector attenuation measurements
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech

<b>Special Otorhinolaryngological Services Covered Under the BadgerCare Plus Benchmark Plan</b>	
<b>Procedure Code</b>	<b>Description</b>
<b>Evaluative and Therapeutic Services</b>	
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	subsequent reprogramming
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	subsequent reprogramming
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	each additional 30 minutes (List separately in addition to code for primary procedure)
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	each additional 15 minutes
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626	Evaluation of auditory rehabilitation status; first hour
92627	each additional 15 minutes (List separately in addition to code for primary procedure)
92630	Auditory rehabilitation; prelingual hearing loss
92633	postlingual hearing loss
<b>Other Procedures</b>	
92700	Unlisted otorhinolaryngological service or procedure