

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Ambulatory Surgery Centers, Audiologists, Federally Qualified Health Centers, Hearing Instrument Specialists, Home Health Agencies, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Pharmacies, Physician Clinics, Physicians, Speech and Hearing Clinics, HMOs and Other Managed Care Programs

## **Prior Authorization Changes for a Bone-Anchored Hearing Device Implant Surgery and Non-implant Bone-Anchored Hearing Device**

Effective for prior authorization (PA) requests received on and after July 1, 2015, ForwardHealth is changing the required documentation that must be submitted for a PA request for a bone-anchored hearing device implant surgery or non-implant bone-anchored hearing device. Additionally, beginning on July 1, 2015, ForwardHealth is changing how reimbursement for a non-implant bone-anchored hearing device is determined.

### **Changes to Prior Authorization Documentation Requirements**

#### ***Bone-Anchored Hearing Device Implant Surgery***

As a reminder, the rendering surgeon is required to request and obtain prior authorization (PA) from ForwardHealth for a bone-anchored hearing device implant surgery. ForwardHealth will deny claims for the surgery and bone-anchored hearing device unless there is an approved PA request on file from the rendering surgeon. For information regarding criteria that must be met for a PA request for a bone-anchored hearing device implant surgery to be approved, providers should refer to the Bone-Anchored Hearing Device Implant Surgeries topic (topic #4518) in the Services Requiring Prior Authorization chapter of the Prior Authorization section of the ForwardHealth Online Handbook.

When requesting PA for a bone-anchored hearing device implant surgery, the rendering surgeon is required to submit the following to ForwardHealth:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12).

Effective for PA requests received on and after July 1, 2015, for a bone-anchored hearing device implant surgery, the rendering surgeon will no longer be required to submit the Prior Authorization Request/Hearing Instrument and Audiological Services (PA/HIAS2), F-11021 (07/12), to ForwardHealth. Instead, the rendering surgeon will be required to submit either a completed PA/HIAS2 *or* a provider-developed form containing all of the information required on the PA/HIAS2.

Providers should refer to the Submission Options chapter of the Prior Authorization section of the Online Handbook for information about submitting a PA request, including related attachments and supporting clinical documentation, to ForwardHealth.

## ***Non-implant Bone-Anchored Hearing Device***

As a reminder, a non-implant bone-anchored hearing device (Healthcare Common Procedure Coding System [HCPCS] procedure code L8692 [Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment]) requires PA. For information regarding criteria that must be met for a PA request for a non-implant bone-anchored hearing device to be approved by ForwardHealth, providers should refer to the Non-implant Bone-Anchored Hearing Devices topic (topic # 4516) in the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Online Handbook.

When requesting PA for a non-implant bone-anchored hearing device, providers are required to submit the following to ForwardHealth:

- A completed Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), F-11020 (05/13).
- A completed PA/HIAS2 documenting the medical necessity of the non-implant bone-anchored hearing device.

Effective for PA requests received on and after July 1, 2015, for non-implant bone-anchored hearing devices, providers will also be required to submit a quote from the manufacturer for a specific non-implant bone-anchored hearing device. The quote must be in writing (e.g., an e-mail, memorandum, note, or letter) and addressed to the provider requesting PA for the device. Product literature for the device does not meet this requirement.

Providers should refer to the Submission Options chapter of the Prior Authorization section of the Online Handbook for information about submitting a PA request, including related attachments and supporting clinical documentation, to ForwardHealth.

## ***Change to Non-implant Bone-Anchored Hearing Device Reimbursement***

Beginning on July 1, 2015, a non-implant bone-anchored hearing device will be priced at the manufacturer's quote when the PA request for the device is processed by ForwardHealth. If the PA request is approved, the maximum amount that will be reimbursed for the device when the claim is processed will be indicated on the PA decision notice letter. For information regarding the decision notice letter, providers should refer to the Communicating Prior Authorization Decisions topic (topic #4724) in the Decisions chapter of the Prior Authorization section of the Online Handbook.

## **Clarifications**

### ***Prior Authorization for the Dispensing Fee for a Non-implant Bone-Anchored Hearing Device or for Related Professional Services***

Prior authorization is not required for the dispensing fee for a non-implant bone-anchored hearing device or for related professional services. For information regarding dispensing fees, providers should refer to the Dispensing topic (topic #2975) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Hearing service area of the Online Handbook. For information regarding professional services, providers should refer to the interactive maximum allowable fee schedule on the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx](http://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx).

### ***Dispensing Fee Procedure Code for a Non-implant Bone-Anchored Hearing Device***

Providers should indicate HCPCS procedure code V5241 (Dispensing fee, monaural hearing aid, any type) or V5160 (Dispensing fee, binaural), as applicable, on claims for the dispensing fee for a non-implant bone-anchored hearing device.

## Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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