ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid
To: Audiologists, Hearing Instrument Specialists, Speech and Hearing Clinics, HMOs and Other Managed Care Programs

New and Clarified Policy Regarding Submission of Prior Authorization Requests and Claims for Hearing Instruments

This *ForwardHealth Update* outlines changes to the use of modifiers on prior authorization (PA) requests and claims for hearing instruments and provides new and clarified information regarding what must be included with PA requests for certain hearing instruments.

Modifier Use on Prior Authorization Requests and Claims

ForwardHealth no longer recognizes modifier 50 when submitted with a Healthcare Common Procedure Coding System (HCPCS) procedure code for a hearing instrument, accessory, ear mold, repair, or supply.

Effective February 1, 2016, when submitting prior authorization (PA) requests and claims, providers are required to do the following:

- Record each HCPCS procedure code representing the hearing instrument, accessory, ear mold, repair, or supply as a separate line item. Refer to the specific HCPCS code description to determine the number of units.
- Include the RT (right side) or LT (left side) modifier, as appropriate, on a separate line item of the PA request or claim for all unilateral services. Refer to the specific HCPCS code description to determine if a service is unilateral and, therefore, requires a modifier. HCPCS codes that represent both left side and right side hearing instruments do not require an RT or LT modifier.

For example, providers are required to use procedure code V5014 (Repair/modification of a hearing aid) for all hearing instrument modifications. Providers are required to indicate V5014 and the modifier RT or LT on a separate line item of the PA request and claim, as appropriate.

Note: The policy for use of modifiers on PA requests and claims for binaural hearing instruments (such as V5260 [Hearing aid, digital, binaural, ITE] or V5261 [Hearing aid, digital, binaural, BTE]) has not changed. Prior authorization requests and claims for binaural hearing instruments should be submitted without an RT or LT modifier.

Prior Authorization Requests for Binaural Hearing Instruments

Effective for binaural hearing instrument PA requests received on and after February 1, 2016, providers will no longer be required to include additional supporting clinical documentation with the PA request to justify the medical necessity of the hearing instrument.

Prior Authorization Requests for Noncontracted Hearing Aid Models for Members Younger Than 21 Years of Age

As a reminder, audiology providers may request PA for medically necessary noncontracted hearing aid models for members younger than 21 years of age.

Note: Previously, ForwardHealth referred to noncontracted hearing aid models for members younger than 21 years of age as complex or high-tech hearing aid models. Element 18 of the Prior Authorization Request for Hearing Instrument and Audiological Services 1 (PA/HIAS1) Completion Instructions, F-11020A (02/2016), has been revised to reflect the terminology change for these hearing aid models that are not available through a hearing aid contract. Refer to the ForwardHealth Online Handbook for the revised completion instructions.

For noncontracted hearing aid models for members younger than 21 years of age, providers are required to complete the following forms for PA requests received on and after February 1, 2016:

- A Prior Authorization Request for Hearing Instrument and Audiological Services 1 (PA/HIAS1), F-11020 (05/13). The form must include the following:
  - ✓ The most appropriate HCPCS procedure code for each requested hearing instrument.
  - ✓ Modifier TG (Complex/high tech level of care).
  - ✓ Modifier RT or LT, if applicable.
  - ✓ The manufacturer, model number, and size (i.e., full shell, half shell, or low profile).
- A Prior Authorization Request/Hearing Instrument and Audiological Services 2 (PA/HIAS2), F-11021 (07/12). The form must include the audiological needs and applicable language, educational, vocational, or physical needs of the member.

Additionally, providers are required to include the following with the PA request:

- A statement explaining why one of the hearing aid models on the ForwardHealth Hearing Aid Volume Purchase Contract will not meet the member's need.
- A copy of the manufacturer's invoice that indicates the list price charged to the audiologist. Audiologists will be reimbursed at the net cash outlay for the hearing aid. The net cash outlay for purchase is the manufacturer's invoice cost including end-of-month volume discounts.
- A copy of the manufacturer's loss and damage warranty, equipment warranty, and repair warranty.

The PA request for a noncontracted hearing aid model for a member younger than 21 years of age will be returned to the provider if all the required information is not included.

Prior Authorization Requests for Replacing Lost or Damaged Hearing Aids

As a reminder, if a hearing aid is lost or damaged beyond reasonable repair and is no longer covered under a loss and damage warranty, providers are strongly encouraged to submit a PA request to ForwardHealth for a replacement hearing aid. Replacing a lost or damaged hearing aid is not restricted by a hearing aid's life expectancy.

Effective for PA requests received on and after February 1, 2016, providers are required to include the following with PA requests for replacement of lost or damaged hearing aids:

- The provider's statement that the hearing aid is not covered by a manufacturer's loss and damage warranty.
- Information regarding instructions given to the member on care and maintenance of a hearing aid so that a hearing aid is not lost or damaged in the future.
- A statement from the member or member's caregiver regarding how the hearing aid was lost and the steps taken to recover the hearing aid.
- A statement from the member or member's caregiver that insurance (e.g., homeowners, property, renters) does not cover replacing the lost hearing aid, if applicable.

The PA request for the replacement hearing aid will be returned to the provider if all the required information is not included.

Information Regarding Managed Care Organizations

This *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 website at *www.forwardhealth.wi.gov/*.

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