

Affected Programs: BadgerCare Plus, Medicaid

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

Prior Authorization No Longer Required for Cochlear Implant and Bone-Anchored Hearing Device Implant Surgeries

Effective for dates of service on and after September 1, 2016, prior authorization will no longer be required for cochlear implant surgery and bone-anchored hearing device implant surgery.

Prior Authorization No Longer Required

Effective for dates of service (DOS) on and after September 1, 2016, the rendering surgeon is no longer required to obtain prior authorization (PA) for cochlear implant surgery or bone-anchored hearing device implant surgery.

Other policies and coverage requirements for cochlear implant and bone-anchored hearing device implant surgeries are not changing. For more information regarding requirements for cochlear implants, refer to the Cochlear Implant Surgeries topic (topic #573) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/. For more information regarding requirements for bone-anchored hearing device implants, refer to the Bone-Anchored Hearing Devices topic (topic #13717) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Online Handbook.

Cochlear implant and bone-anchored hearing device implant surgeries are identified by the following *Current Procedural Terminology* (CPT) procedure codes:

- 69930 (Cochlear device implantation, with or without mastoidectomy)
- 69714 (Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy)
- 69715 (Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy)
- 69717 (Replacement [including removal of existing device], osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy)
- 69718 (Replacement [including removal of existing device], osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy)

Neither cochlear implants nor bone-anchored devices require prior authorization.

Note: Out-of-state providers and vendors who do not have border-status enrollment with Wisconsin Medicaid are required to meet ForwardHealth's guidelines for PA approval

of durable medical equipment (DME) (for supplying the cochlear implant or the bone-anchored hearing device). For information regarding submitting PA requests for DME, refer to the Prior Authorization Request Form Completion Instructions for Durable Medical Equipment topic (topic #1832) in the Forms and Attachments chapter of the Prior Authorization section of the Durable Medical Equipment service area of the Online Handbook.

Information Regarding Claims Submission

Providers are reminded of the following requirements regarding claim submissions for cochlear implant and bone-anchored hearing device implant surgeries and devices:

- The rendering surgeon is required to submit the claim for the surgery.
- The DME provider is required to submit the claim for the device.
- Claims are required to be submitted in a professional claim format (e.g., electronically using an 837 Health Care Claim transaction, Direct Data Entry on the Portal, or Provider Electronic Solutions claims submission software, or on paper using the 1500 Health Insurance Claim Form).

New Claims Submission Requirement

Effective for DOS on and after September 1, 2016, ForwardHealth will confirm that a claim for the cochlear implant or bone-anchored hearing device implant surgery has been submitted prior to processing the DME provider's claim for the device. The DME provider will be required to coordinate with the surgeon to ensure that the surgical claim has been submitted first.

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 website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 07/13/2016 and information contained in this *Update* was incorporated into the Online Handbook on 09/01/2016.