

New procedure code for miscellaneous and specialized hearing instruments

To: Audiologists, Hearing Instrument Specialists (formerly hearing aid suppliers), HMOs and Other Managed Care Programs, Speech and Hearing Clinics

This Update describes the new procedure code V5299, type of service (TOS) "P" or "R," for miscellaneous and specialized hearing instruments. This applies to fee-for-service Medicaid providers only. If you are a Medicaid managed care provider, contact your managed care organization (MCO) for information about their procedures.

New procedure code introduced

Coverage of miscellaneous and specialized hearing instruments requested under procedure code V5299, TOS "P" or "R"

Effective for dates of service on and after March 1, 1999, providers are required to use HCFA Common Procedure Coding System (HCPCS) procedure code V5299 - hearing aid, miscellaneous, with type of service (TOS) "P" (Purchase) or "R" (Rental), for miscellaneous and specialized hearing instruments for which there is no specific HCPCS procedure code. Procedure code V5299 will replace local procedure code W6999 (TOS "P").

Prior authorization approval criteria for procedure code V5299

Wisconsin Medicaid reviews all prior authorization (PA) requests for medical necessity and consistency with the recipient's diagnosis and clinical condition.

Audiologists and hearing instrument specialists must submit PA requests for V5299 on Wisconsin Medicaid's standard PA forms for hearing services. PA requests are required to:

1. Provide a complete description of the hearing instrument including style, electroacoustic specifications, and any modifications and adaptations.
2. Document that the necessary hearing tests and evaluations have been performed to confirm the fitting of a miscellaneous or specialized hearing instrument. Hearing instrument specialists must perform air- and bone-conduction thresholds, speech reception thresholds, word recognition studies, most-comfortable loudness measures, and uncomfortable loudness measures. Audiologists must perform measurements of the functional intensity and range of the person's hearing. Audiologists should describe the results of site-of-lesion or specialized tests when utilized.
3. Document the recipient's sensory, cognitive, and/or developmental deficits or other special needs justifying the specialized hearing instrument for sound localization or other purposes, where applicable. Note that an audiologist must perform all components of the tests for recipients who are 21 years of age or younger, behaviorally or cognitively impaired, or have other special needs.
4. Document that the specialized hearing instrument requested under procedure code V5299 will provide a measurably significant improvement in functional hearing compared to a standard hearing instrument.

5. Provide the actual or best estimated net cash outlay cost for the hearing instrument package, modifications, and adaptations. See the provider Terms of Reimbursement included in the Wisconsin Medicaid provider certification packet for further information on charges and reimbursement.
6. Provide the estimated costs for programming or other specialized services directly related to fitting the specialized hearing instrument, but not including hearing tests and evaluations.
7. Provide justification for the instrument.
8. Include the recipient's age.

Wisconsin Medicaid reimburses a dispensing fee with prior authorization.

Providers may continue to submit claims for services already approved through PA for procedure code W6999 up to that PA's expiration date.

Billing instructions for miscellaneous and specialized hearing instruments requested under procedure code V5299, TOS "P" or "R"

For miscellaneous and specialized hearing instruments requested under procedure code V5299 providers are required to:

- Bill TOS "P" with a quantity of "1" for purchase of a complete hearing instrument package. This includes a complete hearing instrument package with all modifications, adaptations, and services.
- Bill TOS "R" for rental of a hearing instrument package. The quantity is the number of days the device was rented.

Reimbursement for procedure code V5299

Wisconsin Medicaid individually prices procedure code V5299 based on information provided in the PA request and claim.

Claims submitted before the expiration of a required 30-day trial period are denied.

To obtain reimbursement after the 30-day trial period, submit an audiological report (performance check) to the PA Unit of the Medicaid fiscal agent, EDS. The purpose of the report is to verify the appropriate fitting, performance, and medical necessity of the device. Providers may mail this report to:

Prior Authorization
 EDS
 Suite 88
 6406 Bridge Road
 Madison, WI 53784-0088

Wisconsin Medicaid reviews the audiological report (performance check) to ensure the hearing instrument is satisfactory before approving reimbursement. For claims submitted more than 45 days after the hearing device is dispensed, an audiological report is not required.

Providers are required to indicate on the claim the referring physician's name, Wisconsin Medicaid provider number, Medicare Universal Provider Identification Number (UPIN), or license number for reimbursement of a complete hearing instrument package.

A complete hearing instrument package under procedure code V5299 includes:

- For recipients under age 18, three ear molds for each hearing instrument, two single cords for each hearing instrument, and two Y-cords per year.
- For recipients over age 18, one ear mold for each hearing instrument, one single cord for each hearing instrument, and one Y-cord per year.
- For all recipients, one harness, one contralateral routing of signals (CROS) fitting, one new receiver for each hearing instrument, and one bone-conduction receiver with headband per year.

Batteries, repairs, and accessories that are not a part of a complete hearing instrument package may be billed without the prescribing physician's name and number.

Providers may bill a monaural or binaural dispensing fee as appropriate with a complete hearing instrument package under procedure code V5299.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/medicaid