

Wisconsin Medicaid changes requirements for audiology and hearing instrument services

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

This Update describes new and clarified Wisconsin Medicaid policies for coverage, limitations, and prior authorization (PA) requirements for hearing instruments provided by audiologists and hearing instrument specialists (formerly hearing aid suppliers). 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.

Provider title and certification changes

Title change for hearing aid suppliers

Wisconsin Medicaid is changing the title of hearing aid suppliers to "hearing instrument specialist" to conform to the title change adopted by the Wisconsin Department of Regulation and Licensing. The title change will be made to Wisconsin Administrative Code, prior authorization (PA) forms, certification materials, and other documents as they are revised/reprinted.

Separate certification no longer required for audiologists dispensing hearing instruments

To conform with provisions of 1997 Wisconsin Act 49, Wisconsin Medicaid-certified audiologists no longer require separate certification from Wisconsin Medicaid to dispense and fit hearing devices, such as hearing instruments, sensory aids, or hearing assistive devices, or to make modifications and adaptations.

Modifications and adaptations to a hearing instrument include: power amplifiers, silicone ear molds, telephone coils, compression amplification, direct audio input, and special canal-sized shells to accommodate ear canal fittings.

PA/OF no longer required for audiologists

Audiologists are no longer required to submit to Wisconsin Medicaid a copy of the Physician Otological Report for Hearing Instrument Evaluation Form (PA/OF) with the PA request required for a hearing instrument. This change is to conform with the scope of practice for an audiologist. A physician's referral is still required and must be retained in the recipient's record.

Clarifications and changes to prior authorization approval criteria for hearing instruments, including assistive listening devices

General requirements

Wisconsin Medicaid covers only medically necessary services as defined by HFS 101.03(96m), Wis. Admin. Code. PA requests for hearing instruments may be approved when the request is medically and audiotologically necessary as determined by the Department of Health and Family Services (DHFS). All services must have a physician's order or prescription.

Wisconsin Medicaid requires the following information on the PA request for monaural or binaural hearing instruments, including assistive listening devices:

- Complete documentation that supports the medical necessity of the request.
- The recipient's primary and secondary diagnosis codes from the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* that relate to a hearing problem or developmental, cognitive, or neurological condition.
- Documentation that the medically necessary hearing tests and evaluations have been performed to confirm fitting of the monaural or binaural 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 should perform measurements of the functional intensity and range of the person's hearing, and describe the results of site-of-lesion or specialized tests when utilized.
- A complete description of the hearing device, including style, electroacoustic specifications, and any modifications and adaptations.
- The justification for the service, including the diagnosis, appropriate audiological evaluation, and a description and diagnosis of any cognitive or behavioral impairments or other recipient special needs.

Additional prior authorization requirements for binaural hearing instruments

In addition to the general PA requirements described above, audiologists and hearing instrument specialists requesting a binaural hearing instrument are required to document that:

- The recipient has another sensory, cognitive, and/or developmental deficit that adds to the hearing problem, or other special need justifying binaural hearing aids for sound localization, central auditory processing, or word recognition in noise.

- Hearing tests and evaluations indicate that a binaural fitting will provide measurably significant improvement in functional hearing compared to a monaural hearing instrument.

Additional prior authorization requirements for modifications to a hearing instrument

Wisconsin Medicaid covers medically necessary modifications to hearing instruments and assistive listening devices with an approved PA request. In addition to the general PA requirements, providers submitting the PA request are required to:

- Document the medical necessity of the modification to restore or assist the recipient's communicative capabilities, and any special needs in social, educational, or vocational situations.
- Clearly describe the modification requested.

Clarification of existing policy for recipients with special social, educational, vocational, and other needs

Wisconsin Medicaid considers a recipient's special social, educational, vocational, and other needs when adjudicating PA requests for hearing instruments. The *audiologist* is required to document a recipient's special needs in the PA request or in an attachment to the PA request. Examples of special needs include:

Social

- Enhancing a mentally or physically impaired recipient's social communication skills and abilities.
- Enhancing a mentally or physically impaired recipient's capability for sound awareness (localization), e.g., for parenting, warning.
- Expanding a recipient's social interaction or communication limited by additional disabilities, such as blindness.

Educational

- Allowing effective education for an adult or child who is mentally or physically impaired.

- Allowing effective education of a child under age 21.

Vocational

- Improving a mentally or physically impaired recipient's ability to obtain or continue employment.

Other changed documentation requirements for prior authorization requests by audiologists

Effective for PA requests received on and after March 1, 1999, audiologists will be required to include a copy of the written plan of treatment or care (such as the HCFA 700 form) in the PA request or in an attachment to the PA request.

Current limitations for services provided by hearing instrument specialists

For recipients 21 years of age and younger or with special needs, Wisconsin Medicaid's policy under HFS 107.24(3)(h), Wis. Admin. Code, is that the evaluation and testing for hearing instruments and modifications require the clinical and diagnostic tools of an audiologist – not a hearing instrument specialist – to ensure the medical necessity of the item and appropriateness of the tests, dispensing, and fitting.

This policy applies to:

- All recipients who are 21 years of age and younger.
- All recipients who are behaviorally or cognitively impaired, or who have special needs.

See Attachment 1 of this Update for a list of ICD-9-CM diagnosis codes indicating the recipient is behaviorally or cognitively impaired, or has special needs.

Current hearing services that may be provided by hearing instrument specialists

Medicaid continues to cover the following services provided by hearing instrument specialists for recipients who are over 21 years of age, who are not behaviorally or cognitively impaired, or who do not have special needs.

These services are:

1. Pure tone audiometry (threshold), air only.
2. Pure tone audiometry, air and bone, with or without masking.
3. Speech audiometry, threshold only.
4. Speech audiometry, threshold and discrimination.
5. Basic comprehensive audiometry (pure tone, air, and bone speech threshold and discrimination combined).
6. Hearing aid examination and selection, monaural and binaural.
7. Hearing aid check, monaural and binaural.
8. Hearing aid dispensing and fitting. The dispensing fee includes the following services: initial office visit, ear mold impression, proper fitting of the hearing aid, a one-year service guarantee and any necessary service, and up to five post-fittings as necessary for adjustments and hearing aid orientation.

Changed forms for prior authorization by hearing instrument specialists

Documentation requirements for the Prior Authorization Request Form/Physician Otological Report (PA/POR) [This report replaces the Physician Otological Report for Hearing Instrument Evaluation Form (PA/OF).]

PA requests by a hearing instrument specialist must include a PA/POR, completed by the recipient's referring physician, to assure the medical necessity of a hearing instrument. The POR must:

- Document that otological findings indicate the need for a hearing instrument.
- Provide a clinical diagnosis, medical conditions, and brief medical history.

- Describe the results of any special studies, such as caloric or postural tests.
- State that the recipient is over 21 years of age and has no behavioral, cognitive, or other special needs, allowing the recipient to be tested by a hearing instrument specialist.

Changed forms for prior authorization requests by both hearing instrument specialists and audiologists

The Prior Authorization Request for Hearing Instrument and Audiological Services 1 (PA/HIAS1) form has replaced the Audiological Prior Authorization Request Form 1 (PA/ARF1). The Prior Authorization Request for Hearing Instrument and Audiological Services 2 (PA/HIAS2) form has replaced the Audiological Prior Authorization Request Form 2 (PA/ARF2).

Other current policies applicable to both hearing instrument specialists and audiologists

Approved PA still valid six months

The PA approval for purchase of a hearing instrument, assistive listening device, or modification is valid for six months from the date of approval.

Wisconsin Medicaid covers one hearing aid per ear or one assistive listening device every three years, unless unusual circumstances in the PA request document the need for exceeding the frequency limitation.

Freedom of choice of providers

Wisconsin Medicaid allows recipients to select the hearing instrument specialist or audiologist who dispenses a hearing instrument. Upon approval of a prior authorization request for a hearing instrument, Wisconsin Medicaid sends the recipient:

- A letter informing recipients of their ability to choose a hearing instrument provider.
- A copy of the PA that recipients present to the certified provider of their choice.

However, the choice of provider is limited for recipients who are 21 years of age and younger, are behaviorally or cognitively impaired, or have special needs. These recipients are required to select an audiologist for the evaluation and testing of their hearing.

Hearing instrument dispensing fees

Wisconsin Medicaid still covers one dispensing fee with the purchase of a medically necessary hearing instrument with an approved PA.

Wisconsin Medicaid does not reimburse dispensing fees for hearing instrument rentals.

Charges for a complete hearing instrument package

Under the provider terms of reimbursement, providers are still required to bill their “net cash outlay cost” for hearing instrument packages. The “net cash outlay cost” is defined as the actual cost to the provider to permit the provider to fully recover his or her out-of-pocket cost for the purchase of the hearing instrument package furnished to the Wisconsin Medicaid recipient.

Trade discounts and cash discounts are to be deducted for the purpose of computing the purchaser’s net cash outlay cost.

Additional charges prohibited

Under Chapter 49.45(14), Wis. Stats., providers are required to accept the Wisconsin Medicaid payment as payment in full and may not impose any extra charge on any person or organization related to the provision of covered services.

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

Attachment 1

For prior authorization consideration, Wisconsin Medicaid requires:

1. Complete documentation to support the medical necessity of the request.
2. The recipient's primary and secondary diagnosis codes from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) that relate to a hearing problem or developmental, cognitive, or neurological condition.
3. All components of the tests, fitting, or dispensing of a hearing instrument or modification provided by an audiologist for recipients who are 21 years of age or younger or if the recipient has one or more of the diagnoses/conditions listed below.

Diagnoses/conditions that indicate a recipient:

- Is cognitively or behaviorally impaired.
- Has a special need that necessitates either the diagnostic tools of an audiologist or a comprehensive evaluation requiring the expertise of an audiologist (i.e., hearing instrument specialists cannot evaluate recipients with these diagnoses/conditions).

Alphabetical List

Diagnoses/Conditions	ICD-9-CM Code
Alcoholic psychoses	291.0 - .9
Alzheimer's disease.....	331.0
Amyotrophic lateral sclerosis (ALS).....	335.2
Autism, infantile	299
Bipolar affective disorder.....	296.4 - .7
Bulbar palsy, progressive.....	335.22
Cachexia	799.4
Cerebellar ataxia	334.3 - .4
Cerebellar degeneration, primary	334.2 - .3
Cerebral degeneration usually manifest in childhood	330
Cerebral degeneration, other	331.7, 331.9
Cerebral palsy, infantile	343.0 - .9
Chorea, other	333.5
Cyclothymic disorder	301.13
Deaf mutism	389.7
Debility.....	799.3
Delirium	293.0 - .1
Dementia	290.0 - .9, 294.1-.8
Depressive disorder, major	296.2 - .3, 298.0, 309.1, 311
Depressive personality disorder, chronic	301.12
Developmental language disorder	315.31 - .32
Drug dependence	304.0 - .9
Drug psychoses	292.0 - .9
Eustachian salpingitis, chronic	381.52
Eustachian tube disorders	381.6 - .9
Friedreich's ataxia	334.0

Hallucinations	780.1
Hemiparesis	342.0 - .9
Hemiplegia	342.0 - .9
Huntington's chorea	333.4
Hypomanic personality disorder, chronic	301.11
Lateral sclerosis, primary	335.24
Manic disorders	296.0 - .1
Manic-depressive psychosis	296.80 - .99
Mastoiditis and related conditions	383.0 - .9
Mental retardation	317 - 9
Multiple sclerosis	340
Muscular atrophy, progressive	335.21
Organic mental disorders	293.1 - .9
Otitis media, chronic	381.1 - .4, 382
Otosclerosis	387
Parkinson's disease	332.0 - .1
Pick's disease.....	331.1
Pseudobulbar palsy	335.23
Psychophysiological malfunction	306.9
Quadriplegia	344.0
Reye's syndrome	331.8
Schizophrenia	295.0 - .9
Senile degeneration of brain	331.2
Senility	797
Stenosis of external ear canal, acquired	380.5
Tympanic membrane disorders	384.0 - .9
Tympanosclerosis	385.0 - .2

List in Order of ICD-9-CM Code Number

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Schizophrenia.....	295.0 - .9
Manic disorders	296.0 - .1
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Bipolar affective disorder	296.4 - .7
Manic-depressive psychosis	296.80 - .99
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