

To:

Audiologists
 HMOs and Other
 Managed Care
 Programs
 Nursing Homes
 Speech and
 Hearing Clinics

Audiology services - procedure code changes for prior authorization and billing

Effective for dates of service on and after March 1, 1999, for prior authorization (PA) and billing, independently certified **audiologists** are required to use:

- The list of Current Procedural Terminology (CPT) codes in Attachment 1 of this Update.
- Type of service (TOS) "1."

The information and procedures in this Update apply to fee-for-service Medicaid claims only. If you are a Medicaid managed care provider, contact your managed care organization for information about their procedures.

Changes to procedure codes and policies

- When requesting PA or billing for services with CPT audiology codes, use the TOS "1" (Medical, including audiology). Independently certified audiologists submitting claims for dates of service on and after March 1, 1999, should not use TOS "B" (Diagnostic Medical).
- Wisconsin Medicaid limits reimbursement to one complete service per day, per recipient, per procedure code for independently certified audiologists.
- Wisconsin Medicaid adopted CPT code descriptions for all procedure codes, including 92506, 92507, and 92508. The daily reimbursement limit has changed

from 90 minutes per date of service to one complete service per date of service for these procedure codes. This reimbursement limit change only affects independently certified audiologists billing Wisconsin Medicaid.

Current procedure codes and policies

The procedure codes and policies for durable medical equipment (DME), TOS "P" (Purchase) and TOS "R" (Rental), provided by audiologists have not changed. DME includes hearing instruments, modifications and accessories, augmentative communication devices, batteries, repairs, and dispensing fees. For a list of current audiology equipment and supply procedure codes, refer to Attachment 2 of this Update.

Wisconsin Medicaid coverage and documentation of audiology services

As defined in HFS 101.03 (96m), Wis. Admin. Code, Wisconsin Medicaid covers audiology services that are medically necessary. Providers must maintain appropriate documentation in the recipient's medical record. Documentation of medical necessity must be available to the Division of Health Care Financing (DHCF) on request, according to HFS 106.02(9), Wis. Admin. Code.

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 at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/m Medicaid.

For more information about Wisconsin Medicaid's documentation requirements, refer to Part A, the all-provider handbook.

Procedures requiring prior authorization for the initial service

The following procedures continue to require PA for the initial and subsequent services:

- Procedure code 92510, TOS "1," aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming.
- Procedure code 92599, TOS "1," unlisted otorhinolaryngological service or procedure.
- All hearing instruments and modifications, including assistive listening devices.

Refer to Part N, the DME handbook, Part O, the speech and hearing handbook, Updates, and DME Indices for more information about equipment and supplies, PA forms, and procedures.

Current prior authorization requirements for speech language pathology (SLP) services provided by audiologists

As stated in HFS 107.18, Wis. Admin. Code, the following SLP services provided by audiologists beyond the first 35 days per spell of illness (SOI), per lifetime, per recipient, require PA:

- Procedure code 92506, evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status.
- Procedure code 92507, treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual.
- Procedure code 92508, treatment of speech, language, voice, communication, and/or auditory processing disorder

(includes aural rehabilitation); group, two or more individuals.

For more information about PA requirements and limitations for SLP services provided by audiologists, refer to Part O, the speech and hearing handbook, and Updates.

Reimbursement for audiology services

Effective for dates of service on and after March 1, 1999, Wisconsin Medicaid maximum fees for CPT codes for audiology services are based on the national standard Medicare Relative Value Units (RVUs). These fees apply to all providers, including audiologists, billing these procedure codes. The resource-based relative value scale (RBRVS) assigns the RVU based on the complexity of procedures. The provider's work (physical and mental intensity, time taken to perform the service, non face-to-face work) for each procedure, practice expenses, and liability insurance are considered when determining the RVU.

RVUs are based on the expectation that the code's definition represents *exactly* how the service was provided when billing Wisconsin Medicaid.

Reimbursement has been established to ensure that total Wisconsin Medicaid expenditures for audiology services are unchanged. Total reimbursement to individual providers may change based on the RVUs of the specific services billed.

To order a maximum fee reimbursement schedule, write to:

Provider Maintenance
EDS
6406 Bridge Road
Madison, WI 53784-0006

For more information about PA requirements and limitations for SLP services provided by audiologists, refer to Part O, the speech and hearing handbook, and Updates.

The maximum fee schedule can also be downloaded from the EDS-EPIX bulletin board. The EDS-EPIX bulletin board is a computer system accessible by modem that enables providers to receive software, manuals, and formats directly from their personal computers. For downloading instructions, see Appendix 11 of Part A, the all-provider handbook. Appendix 11 is a quick guide to retrieving the Wisconsin Medicaid maximum fee schedules using EDS-EPIX.

Unit of service for audiology procedure codes

For the purposes of requesting PA and billing Wisconsin Medicaid, one unit of service is the complete service as defined by the CPT code description. The provider's medical records must document that the service was completed on the date of service shown on the claim.

Recipient copayment amounts

Refer to Attachment 1 of this Update for the recipient copayment amounts for each procedure code.

Steps for submitting prior authorization

When requesting PA for dates of service on and after March 1, 1999, use the new procedure and TOS codes. When requesting PA for dates of service before March 1, 1999, use the current procedure and TOS codes applicable to the date of service.

Providers who have approved PAs that expire on or after March 1, 1999, with the current codes, may do one of the following:

- If the PA expires before or on June 30, 1999, request an amendment, submit a new PA, or continue to use the PA with the approved codes and TOS "B."
- If the PA expires on or after July 1, 1999, amend the PA or request a new PA to reflect

TOS "1" and the codes on Attachment 1 of this Update.

For instructions on amending PAs, refer to Attachment 3 of this Update.

Steps for submitting claims

Audiologists submitting claims independently to Wisconsin Medicaid for dates of service on and after March 1, 1999, should follow these steps:

- Submit claims, including claims for professional audiology services provided in an inpatient hospital setting, on the HCFA 1500 claim form. Refer to Medical Assistance Provider Bulletin (MAPB) 092-029-D, dated December 15, 1992, for instructions to complete this form.
- Use the procedure codes on Attachment 1 of this Update when billing services.
- Bill the date the service was completed.
- Submit claims using the TOS "1."
- For services with a current, approved PA, use the code on the approved PA for dates of service on or before June 30, 1999, or let the PA expire. Do whichever comes first.
- For recipients with other health care coverage, continue to bill health insurance and Medicare before billing Wisconsin Medicaid.
- Medicare crossover claim payments for audiology services are subject to Wisconsin Medicaid maximum fees and Medicaid limits on Medicare Part B coinsurance payments. Refer to Section IX of Part A, the all-provider handbook, for more detailed information.

When requesting PA for dates of service on and after March 1, 1999, use the new procedure and TOS codes.

Attachment 1
 MEDICAID PROCEDURE CODES FOR AUDIOLOGY SERVICES
 EFFECTIVE MARCH 1, 1999

Allowable Types and Places of Service

- **Type of service (TOS) = 1**
- **Places of service (POS) = 0, 1, 2, 3, 4, 7, 8, B**

New Procedure Code	Description	Recipient Copayment Amount	PA/SOI* Requirements	Daily Service Limit	Medicaid Maximum Fee
69210	Removal impacted cerumen (separate procedure), one or both ears	\$2.00	None	1	\$24.95
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	\$2.00	PA after 35 days per SOI	1	\$19.52
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	\$2.00	PA after 35 days per SOI	1	\$15.64
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals	\$1.00	PA after 35 days per SOI	1	\$8.00
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	\$3.00	PA for initial service	1	\$88.61
92516	Facial nerve function studies (e.g., electroneuronography)	\$2.00	None	1	\$25.27
92531	Spontaneous nystagmus, including gaze	\$3.00	None	1	\$55.75

*PA: **Prior Authorization**
 SOI: **Spell of Illness**

New Procedure Code	Description	Recipient Copayment Amount	PA/SOI Requirements	Daily Service Limit	Medicaid Maximum Fee
92532	Positional nystagmus	\$2.00	None	1	\$35.97
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)	\$1.00	None	1	\$23.48
92534	Optokinetic nystagmus	\$3.00	None	1	\$40.75
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$2.00	None	1	\$33.59
92542	Positional nystagmus test, minimum of 4 positions, with recording	\$2.50	None	1	\$29.75
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	\$2.00	None	1	\$38.07
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$1.00	None	1	\$23.03
92545	Oscillating tracking test, with recording	\$1.00	None	1	\$19.83
92546	Sinusoidal vertical axis rotational testing	\$2.00	None	1	\$25.59
92547	Use of vertical electrodes in any or all of above tests counts as one additional test	\$1.00	None	1	\$17.59
92548	Computerized dynamic posturography	\$3.00	None	1	\$75.50

New Procedure Code	Description	Recipient Copayment Amount	PA/SOI Requirements	Daily Service Limit	Medicaid Maximum Fee
92551	Screening test, pure tone, air only	\$1.00	None	1	\$12.17
92552	Pure tone audiometry (threshold); air only	\$1.00	None	1	\$13.76
92553	Pure tone audiometry (threshold); air and bone	\$1.00	None	1	\$22.07
92555	Speech audiometry threshold	\$1.00	None	1	\$12.48
92556	Speech audiology threshold with speech recognition	\$1.00	None	1	\$18.87
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)*	\$2.00	None	1	\$37.75
92559	Audiometric testing of groups	\$1.00	None	1	\$21.30
92560	Bekesy audiometry; screening	\$1.00	None	1	\$17.23
92561	Bekesy audiometry; diagnostic	\$2.00	None	1	\$6.96
92562	Loudness balance test, alternate binaural or monaural	\$1.00	None	1	\$12.80
92563	Tone decay test	\$1.00	None	1	\$11.84
92564	Short increment sensitivity index (SISI)	\$1.00	None	1	\$8.07

*Not reimbursed if billed with the same date of service as 92553 or 92556

New Procedure Code	Description	Recipient Copayment Amount	PA/SOI Requirements	Daily Service Limit	Medicaid Maximum Fee
92565	Stenger test, pure tone	\$1.00	None	1	\$12.09
92567	Tympanometry (impedance testing)	\$1.00	None	1	\$16.95
92568	Acoustic reflex testing	\$1.00	None	1	\$11.84
92569	Acoustic reflex decay test	\$1.00	None	1	\$12.80
92571	Filtered speech test	\$1.00	None	1	\$12.16
92572	Staggered spondaic word test	.50	None	1	\$16.81
92573	Lombard test	\$1.00	None	1	\$11.20
92575	Sensorineural acuity level test	\$1.00	None	1	\$9.60
92576	Synthetic sentence identification test	\$1.00	None	1	\$13.64
92577	Stenger test, speech	\$2.00	None	1	\$22.71
92579	Visual reinforcement audiometry (VRA)	\$2.00	None	1	\$22.71

New Procedure Code	Description	Recipient Copayment Amount	PA/SOI Requirements	Daily Service Limit	Medicaid Maximum Fee
92582	Conditioning play audiometry	\$2.00	None	1	\$22.71
92583	Select picture audiometry	\$2.00	None	1	\$28.15
92584	Electrocochleography	\$3.00	None	1	\$78.38
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system	\$3.00	None	1	\$120.92
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	\$2.00	None	1	\$47.99
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	\$3.00	None	1	\$66.22
92589	Central auditory function test(s) (specify)	\$1.00	None	1	\$16.95
92599	Unlisted otorhinolaryngological service or procedure	\$2.00	PA for initial and subsequent services	1	Individually Priced

Attachment 2
Current Audiology Equipment and Supply Procedure Codes

TOS (Type of Service): P=Purchase R=Rental

Effective March 1, 1999

TOS	Procedure Code	Description	TOS	Procedure Code	Description
P	V5090	Dispensing Fee	P	W6928	Mercury 13-Binaural Battery
P	V5150	Binaural, Glasses	P	W6929	Mercury 41-Binaural Battery
P	V5160	Dispensing Fee # Binaural	P	W6930	Mercury 132-Binaural Battery
P	V5299	Hearing service, miscellaneous	P	W6931	Mercury 312-Binaural Battery
R	V5299	Hearing service, miscellaneous	P	W6932	Mercury 401-Binaural Battery
P	V5336	Repair/modification of augmentative communication system or device	P	W6933	Mercury 502-Binaural Battery
P	W6808	Communicator, Including Accessories	P	W6934	Mercury 675-Binaural Battery
R	W6808	Communicator, Including Accessories	P	W6935	Zinc-Carbon-Binaural Battery
P	W6901	Hearing Aid Standard	P	W6937	Zinc Air 13ZA-Binaural Battery
R	W6901	Hearing Aid One Month Rental	P	W6938	Zinc Air 675 ZA-Binaural Battery
P	W6902	Assistive Listening Devices (ALD)	P	W6939	Zinc Air 312-Binaural Battery
P	W6903	Hearing Aid Access-Harness	P	W6940	Zinc Air 10A/230 Monaural/Binaural Battery
P	W6904	Hearing Aid Access-SGL Cord	P	W6942	Alkaline 500-Standard Battery
P	W6905	Hearing Aid Access-Y-Cord	P	W6943	Zinc-Air 13ZA Battery
P	W6906	Ear Mold-New/Extra Standard Hearing Aid	P	W6944	Zinc-Air 675ZA-Standard Battery
P	W6907	New Receiver-Standard Hearing Aid	P	W6946	Binaural Hearing Aid
P	W6908	Hear Aid Access-Gone Conduction-Receiver with Head BA	R	W6946	Binaural Hearing Aid
P	W6909	Cros Fitting	P	W6947	Earmold for Intubation
P	W6911	Silver 76-Standard Battery	P	W6948	Special Modifications (i.e. teleadaptor and high fre.)
P	W6912	Silver 13-Standard Battery	P	W6949	Subsequent Hearing Aid Repair
P	W6913	Silver 41-Standard Battery	P	W6950	Standard Hearing Aid Repair-Major
P	W6914	Silver 312-Standard Battery	P	W6951	Standard Hearing Aid Repair-Minor
P	W6915	Mercury 13-Standard Battery	P	W6952	Standard Hearing Aid Repair-Recasing
P	W6916	Mercury 41-Standard Battery	P	W6955	Zinc-Air 312-Standard
P	W6917	Mercury 132-Standard Battery	P	W6960	Binaural Hearing Aid Repair Major Right Ear
P	W6918	Mercury 312-Standard Battery	P	W6961	Binaural Hearing Aid Repair Major Left Ear
P	W6919	Mercury 401-Standard Battery	P	W6962	Binaural Hearing Aid Repair Minor Right Ear
P	W6920	Mercury 502-Standard Battery	P	W6963	Binaural Hearing Aid Repair Minor Left Ear
P	W6922	Mercury 675-Standard Battery	P	W6964	Binaural Hearing Aid Repair Recasing Right Ear
P	W6923	Zinc-Carbon-Standard Battery	P	W6965	Binaural Hearing Aid Repair Recasing Left Ear
P	W6924	Silver 76-Binaural Battery	P	W6966	Binaural Hearing Aid Ear Mold New/Extra Right Ear
P	W6925	Silver 13-Binaural Battery	P	W6967	Binaural Hearing Aid Ear Mold New/Extra Left Ear
P	W6926	Silver 41-Binaural Battery	P	W6968	Binaural Hearing Aid- New Receiver-Right Ear
P	W6927	Silver 312-Binaural Battery	P	W6969	Binaural Hearing Aid- New Receiver-Left Ear

Attachment 3
Amending Prior Authorizations (PA)

To amend a PA, follow these instructions:

1. Write a letter to the Medicaid fiscal agent requesting an amendment to the current, approved PA. Include in the letter:
 - The effective date of the amendment
 - The number of sessions provided with the current codes before the requested effective date of the amendment.
 - The number of sessions and units of service requested with the new codes after the effective date of the amendment.
2. Attach a copy of the approved PA to be amended and supporting clinical documentation to your letter.
3. Send the above to:

PriorAuthorization Unit
EDS
Suite 88
6406 Bridge Road
Madison, WI 53784-0088



Dept. of Health & Family Services
Division of Health Care Financing
1 West Wilson Street
P.O. Box 309
Madison, WI 53701-0309

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