

Medical Assistance Provider Bulletin

Attention: All Title XIX Audiologists, Speech/Hearing Clinics, and Hearing Aid Suppliers

Subject: Policy Changes and Clarification

Date: June 15, 1989

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I. ADDITIONAL SERVICES BILLABLE BY HEARING AID DEALERS

A. Introduction

The Wisconsin Medical Assistance Program (WMA) is changing its policy regarding the delivery of hearing health services. Effective for dates of service on and after July 1, 1989, the WMA will remove the current restriction requiring that hearing evaluations be performed only by a certified audiologist. Hearing aid dealers may now perform hearing evaluations for the purposes of fitting and dispensing a hearing aid to recipients 22 years of age and over and developmentally unimpaired. The conditions for inclusion of these additional services are outlined below. This new policy will be reviewed one year after its implementation.

B. Policy

Effective with dates of service on and after July 1, 1989, limited hearing evaluations and hearing aid checks will be included as allowable hearing aid dealer services, although, in keeping with existing industry practice, they will not be reimbursable.

The allowable procedures are:

- Pure tone audiometry (threshold); air only
- Pure tone audiometry; air and bone, with or without masking
- Speech audiometry; threshold only
- Speech audiometry; threshold and discrimination
- Basic comprehensive audiometry (pure tone, air and bone, and speech, threshold and discrimination combined)
- Hearing aid examination and selection; monaural
- Hearing aid examination and selection; binaural
- Hearing aid check; monaural
- Hearing aid check; binaural

Claims submitted by hearing aid dealers for the above procedures will be denied.

Note: Hearing aid dispensers who are also Medical Assistance certified audiologists may continue to bill for these procedures as usual.

The WMAP will allow these additional services only in cases where:

- a. the recipient is 22 years of age or older;
- b. the prescribing physician determines that the recipient is not impaired cognitively or behaviorally; and
- c. the prescribing physician determines that the recipient has no other special needs which would require the services of a certified audiologist.

The Physician Otological Report for Hearing Aid Evaluation (PA/OF) has been revised to allow the prescribing physician to appropriately refer the patient to either an audiologist or hearing aid dealer. The revised PA/OF will be available from E.D.S. Federal Corporation sometime in August 1989. Use the current PA/OF until the revised forms are available. (Refer to Attachment B-8a of MAPB-087-015-D/002-HA, dated September 1, 1987, to see a sample of the current PA/OF.) In the interim, since physicians are unaware of this policy change, you should share this bulletin with the prescribing physician and request that s/he make special note if the recipient meets the criteria for testing by a hearing aid dealer.

C. Restrictions to Place of Service Code "4"

Effective for dates of services on and after July 1, 1989, in order for the hearing aid dealer to use place of service code "4" (home) for hearing evaluations, the prescribing physician must indicate on the PA/OF that home testing is required. However, other covered hearing aid dealer services may be performed at home without a separate designation on the PA/OF prescription.

D. Prior Authorization for Hearing Aids

Prior authorization is required for fitting and dispensing hearing aids. Attachment 1 is a summary of prior authorization instructions. Refer to MAPB-087-015-D/002-HA, dated September 1, 1987, for specific instructions on filling out the PA/ARF1, PA/ARF2, and the PA/OF forms.

II. BINAURAL CODES FOR BATTERIES

In an effort to facilitate the processing of hearing aid battery claims, the WMAP has added additional battery codes (W6924 through W6939) which will help us distinguish between batteries provided for a monaural hearing aid and batteries provided for binaural hearing aids. There is no policy change in the coverage of hearing aid batteries:

Hearing aid batteries are limited to twelve (12) batteries per 30-day period per recipient, per provider, per hearing aid.

The additional procedure codes have been added for the sole purpose of making the processing of hearing aid battery claims more efficient. Please refer to Attachment 2 for the appropriate procedure codes. These procedure codes are valid for dates of service on and after July 1, 1989. Effective for dates of service on and after September 1, 1989, claims will be denied if the appropriate battery procedure codes are not used. (Attachment 2 completely replaces Attachment C-4 in MAPB-087-015-D/002-HA, dated September 1, 1987.)

III. CHANGES IN PLACE OF SERVICE (POS) AND TYPE OF SERVICE (TOS) CODES FOR AUDIOLOGISTS

Effective with dates of service on and after July 1, 1989, POS "4" (home) will be an allowable POS for audiologists. However, for hearing evaluations performed in the recipient's home, the prescribing physician must indicate on the PA/OF that testing in the home is required.

Currently audiologists are billing the WMAP using both TOS "B" and TOS "W." Effective with dates of service on and after September 1, 1989, the only acceptable TOS code for audiologists will be TOS "B." Claims with TOS "W" will be denied for dates of service on and after September 1, 1989.

(See Attachment 3 which completely replaces information found on Attachment B-4 from MAPB-087-015-D/002-HA, dated September 1, 1987.)

IV. REDUCTIONS IN PRIOR AUTHORIZATION REQUIREMENTS FOR AUDIOLOGISTS

Effective with dates of service on and after July 1, 1989, the following audiology procedures will no longer require prior authorization:

<u>Code</u>	<u>Description</u>
92582	Conditioning play audiometry (to include visual reinforcement and observational audiometry)
92583	Select picture audiometry

(Attachment 4 completely replaces the information found on Attachment B-3 from MAPB-087-015-D/002-HA, dated September 1, 1987.)

V. "PAPERLESS" CLAIMS

Did you know that the average electronic claim processes in about half the time of the average paper claim? Did you know that "paperless" providers have about one-third fewer billing errors than paper billers? EDS has free software and consultation services to help providers move into the world of paperless claims. Simply fill out Attachment 5 of this bulletin and mail it to EDS, or call (608) 221-4746 and ask for the Electronic Media Claims (EMC) Unit. Join the many providers who are discovering the advantages of paperless claims!

VI. BILLING HINTS

In order to help you avoid unnecessary denied claims, a list of the most frequent billing errors resulting in Explanation of Benefit (EOB) codes and suggestions for how to resolve them is presented below.

For those who submit claims through telephone transmission or tape billing and have questions regarding the following common rejections, please contact the EMC Unit at EDS for assistance.

1. EOB CODE 281: "Recipient number is not listed on our current eligibility file. Consult with local social service agency."

You may assume that EOB code 281 means that the recipient is not eligible. Actually, EOB code 281 means that one of the following problems are occurring:

- The correct 10-digit Medical Assistance (MA) identification (ID) number has not been indicated in element 6 of the national HCFA 1500 claim form.

Resolution: Remember to always use the MA ID number which appears on the valid MA ID card when submitting claims. All recipient MA ID numbers are 10 digits long.

- The correct number of digits for the recipient's MA ID number has not been indicated.

Resolution: You must use the valid 10-digit MA ID number.

- The Medical Status Information code on the claim form has been indicated as part of the MA ID number.

Resolution: The Medical Status information codes appear just before the 10-digit number on the MA ID card (i.e., "*" for Medically Needy or "N*" for Nursing Home Recipients). They must not be indicated on the claim form with the MA ID number.

The message for EOB code 281 has been changed to: "Recipient Medical Assistance identification number is incorrect. Please verify and correct the Medical Assistance number and resubmit claim." This revised message should help alleviate previous confusion.

2. EOB CODE 388: "Incorrect or invalid type of service/NDC/Accommodation Code or Ancillary Code billed."

The EOB Code 388 usually occurs when you have missing and/or incorrect information in elements 24C and/or 24G of the HCFA 1500 claim form. The EOB code most often occurs when:

- A correct procedure code has not been indicated in element 24C of the HCFA 1500 claim form.

Resolution: Indicate a valid procedure code in element 24C, "Procedure (identify)," and matching description for each service performed. Use the correct procedure code and modifier for the appropriate date of service from the listings in Attachments 3 and 5 of this bulletin. The EDS Correspondence Unit can verify if a procedure code is a valid WMAP procedure code. However, the Correspondence Unit cannot suggest valid codes to use when submitting claims.

- A correct type of service code has not been indicated in element 24G for the procedure indicated on the claim form.

Resolution: A valid type of service code for each procedure must be indicated in element 24G. Valid type of service codes may be found in Appendix 4 of this bulletin.

VIII. ATTACHMENTS

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ATTACHMENT 1

SUMMARY INSTRUCTIONS FOR COMPLETION
OF PRIOR AUTHORIZATION FOR HEARING AIDS

1. Following the performance of an otological examination and evaluation by a Wisconsin Medical Assistance certified physician, the recipient will present a copy of the Physician's Otological Report (PA/OF) to the audiologist/hearing aid dealer for audiological testing, evaluation, and recommendation. The audiologist/hearing aid dealer must receive this report prior to performance of audiological testing.
2. The audiologist/hearing aid dealer completes forms PA/ARF1 and PA/ARF2. These forms are a summation of the testing, evaluation, and recommendations.
3. The audiologist/hearing aid dealer submits the PA/OF and forms PA/ARF1 and PA/ARF2 to the Prior Authorization Unit.
4. A copy of the PA/ARF1 and PA/ARF2 will be returned to the audiologist/hearing aid dealer with notification of the decision rendered by the program consultant. The recipient will also receive a copy of WMAP forms with notification of the request approval or denial. The recipient will present the copy of forms PA/ARF1 and PA/ARF2 to a Wisconsin Medical Assistance certified hearing aid dealer or dispensing audiologist for procurement of the hearing aid.
5. The hearing aid dealer advises the recipient to return within 30 days of receiving the hearing aid for a hearing aid performance check.

NOTE: Form PA/OF is completed by the physician.

Forms PA/ARF1 and PA/ARF2 are completed by the audiologist/hearing aid dealer.

Audiologists/hearing aid dealers should refer to MAPB-087-015-D/002-HA for examples of these forms.

ATTACHMENT 2

HCPCS PROCEDURE CODE AND COPAYMENT TABLE
 FOR HEARING AID BATTERIES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
W6911	Silver 76 - Monaural	**
W6912	Silver 13 - Monaural	**
W6913	Silver 41 - Monaural	**
W6914	Silver 312 - Monaural	**
W6915	Mercury 13 - Monaural	**
W6916	Mercury 41 - Monaural	**
W6917	Mercury 132 - Monaural	**
W6918	Mercury 312 - Monaural	**
W6919	Mercury 401 - Monaural	**
W6920	Mercury 502 - Monaural	**
W6922	Mercury 675 - Monaural	**
W6923	Zinc-Carbon - Monaural	**
W6942	Alkaline 500 - Monaural	**
W6943	Zinc Air 13 ZA - Monaural	**
W6944	Zinc Air 675 ZA - Monaural	**
W6955	Zinc Air 312 - Monaural	**
W6924	Silver 76 - Binaural	**
W6925	Silver 13 - Binaural	**
W6926	Silver 41 - Binaural	**

*Effective 01/01/88 and after, copayment for hearing aid batteries has been eliminated.

ATTACHMENT 2

HCPCS PROCEDURE CODE AND COPAYMENT TABLE
 FOR HEARING AID BATTERIES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
W6927	Silver 312 - Binaural	**
W6928	Mercury 13 - Binaural	**
W6929	Mercury 41 - Binaural	**
W6930	Mercury 132 - Binaural	**
W6931	Mercury 312 - Binaural	**
W6932	Mercury 401 - Binaural	**
W6933	Mercury 502 - Binaural	**
W6934	Mercury 675 - Binaural	**
W6935	Zinc-Carbon - Binaural	**
W6936	Alkaline 500 - Binaural	**
W6937	Zinc Air 13 ZA - Binaural	**
W6938	Zinc Air 675 ZA - Binaural	**
W6939	Zinc Air 312 - Binaural	**

**Effective 01/01/88 and after, copayment for hearing aid batteries has been eliminated.

ATTACHMENT 3
AUDIOLOGY SERVICES

ALLOWABLE PLACES OF SERVICE (POS) TABLE

<u>POS</u>	<u>Description</u>
3	Office
4	Home
7	Nursing Home
8	Skilled Nursing Facility

ALLOWABLE TYPES OF SERVICE (TOS) TABLE

<u>TOS</u>	<u>Description</u>
B	Diagnostic Medical (Total)
P	Purchase
R	Rental

ATTACHMENT 4
HCPCS PROCEDURE CODE AND COPAYMENT TABLE
FOR AUDIOLOGY SERVICES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
92552	Pure tone audiometry (threshold); air only	\$1.00/proc.
92553	Air and bone, with or without masking	\$1.00/proc.
92555	Speech audiometry; threshold only	\$1.00/proc.
92556	Speech reception threshold and discrimination	\$1.00/proc.
92557	Basic comprehensive audiometry (92553 & 92556 combined), (pure tone, air & bone, and speech, threshold and discrimination)	\$1.00/proc.
92561	Bekesy audiometry; diagnostic	\$1.00/proc.
92562	Loudness balance test, alternate binaural/monaural	\$1.00/proc.
92563	Tone decay test	\$1.00/proc.
92564	Short increment sensitivity index (SISI)	\$1.00/proc.
92565	Stenger test, pure tone	\$1.00/proc.
92566	Impedance testing to include tympanometry with or without acoustic reflex testing	\$1.00/proc.
92567	Tympanometry	\$1.00/proc.
92581*	Evoked response (EEG) audiometry	\$1.00/proc.
92585*	Brain-stem evoked response recording	\$1.00/proc.
92589	Central auditory function test(s) - by report concerning education evaluation	\$1.00/proc.
92590	Hearing aid examination and selection; monaural, following 92557	\$1.00/proc.

* Prior authorization required

ATTACHMENT 4

HCPCS PROCEDURE CODE AND COPAYMENT TABLE
 FOR AUDIOLOGY SERVICES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
92591	Hearing aid examination and selection; binaural, following 92557	\$1.00/proc.
92592	Hearing aid check; monaural	\$1.00/proc.
92593	Hearing aid check; binaural	\$1.00/proc.
92599	Other audiological procedures, by report	\$1.00/proc.
	Special Audiometric Techniques	
92582	Conditioning play audiometry to include reinforcement and observational audiometry (30-minute session)	\$1.00/ 30 minutes
92583	Select picture audiometry (30-minute session)	\$1.00/ 30 minutes
	Aural Rehabilitation	
92507*	Speech, language, or hearing therapy, individual (30-minute session)	\$1.00/ 30 minutes
92508*	Speech, language, or hearing therapy, group (30-minute session per person)	\$1.00/ 30 minutes

* Prior authorization required

**ELECTRONIC MEDIA SURVEY
PROVIDER QUESTIONNAIRE**

MAPB-089-019-D/004-HA
Date: 06/15/89

ATTACHMENT 5

Name: _____

Address: _____

Medicaid Number: _____ Phone #: _____

Contact Person: _____

Type of Service(s) Provided: _____

Estimated Monthly Medicaid Claims Filed: _____

1. Do you currently submit your Medicaid claims on paper? YES NO

2. Are your Medicaid claims computer generated on paper? YES NO

3. Do you use a billing service? YES NO

If the answer is YES to #2 or #3, please complete the following:

Name: _____ Contact: _____

Address: _____ Phone #: _____

4. Do you have an in-house computer system? YES NO

If YES, type of computer system:

a. Large main frame Manufacturer: _____

(i.e., IBM 360, Burroughs 3800) Model #: _____

b. Mini-Computer Manufacturer: _____

(i.e., IBM System 34, or 36 TI 990) Model #: _____

c. Micro-Computer Manufacturer: _____

(i.e., IBM PC, COMPAQ, TRS 1000) Model #: _____

5. Would you be interested in simplifying your claims submission?

a. YES, via magnetic tape submission

b. YES, telephone transmission (EDS software)

c. YES, telephone transmission (3780 protocol transmission)

Return To: E.D.S. Federal Corporation
Attn: EMC Department
6406 Bridge Road
Madison, WI 53784-0009