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Provider Bulletin Number 606

Audiology Providers

Cochlear Implants Coverage

Effective with dates of service on and after March 1, 2006, cochlear implants, devices, accessories, repairs, and batteries are a covered service for KAN Be Healthy (KBH) eligible beneficiaries. These services are no longer restricted to one provider. Cochlear device implantation (69930) is allowed without prior authorization. The implant (69930 – cochlear implantation) and the original device (L8614 – device/system) must be billed on the same claim form, or the claim will deny.

All providers must request and receive prior authorization (PA) from KMAP before cochlear services are provided out of state. Diagnostic analysis of cochlear implants may be a covered service for KBH eligible beneficiaries.

Use of the left (LT) or right (RT) modifiers is **required** on all claims for cochlear implantation, original device, headset/headpiece, microphone, transmitting coil, transmitting cable, replacement processors, accessories, and repairs, regardless of the provider. Headset/headpiece, microphone, and transmitting coils may be replaced once per year for KBH eligible beneficiaries.

Cochlear external speech processor replacements are allowed no more than one time every four years with PA for KBH eligible beneficiaries. Cochlear external speech processor replacements will only be allowed if the current processor is malfunctioning out of warranty and cannot be repaired. Replacements for upgrades only will not be allowed. Replacements for lost cochlear external speech processors will be allowed one time during the four-year period for KBH eligible beneficiaries.

Lithium ion batteries for cochlear implant devices (L8623 and L8624) are allowed for KBH eligible beneficiaries at three per month. Zinc air batteries for cochlear implant devices (L8621) and alkaline batteries (L8622) are allowed for KBH eligible beneficiaries at six per month. Only one type of battery is allowed every 30 days.

Hearing Aid Coverage

Effective with dates of service on and after March 1, 2006, the following changes will occur.

- **Audiology providers will now be required to bill using the right (RT) and left (LT) modifiers on all monaural services. If services are binaural, the use of left and right modifiers are not allowed.**
- Dispensing fees will be changed to allow one dispensing fee only. For binaural hearing aids, providers will be required to use the binaural dispensing fee and bill only one unit.
- Limits on PA and replacements will not change.
- The following is a list of codes:
 - V5014 – Repair/modification of a hearing aid
 - V5030 – Hearing aid, monaural, body worn, air conduction
 - V5040 – Hearing aid, monaural, body worn, bone conduction
 - V5050 – Hearing aid, monaural, in the ear
 - V5060 – Hearing aid, monaural, behind the ear
 - V5070 – Glasses, air conduction
 - V5080 – Glasses, bone conduction
 - V5090 – Dispensing fee, unspecified hearing aid
 - V5120 – Binaural, body
 - V5130 – Binaural, in the ear
 - V5140 – Binaural, behind the ear
 - V5150 – Binaural, glasses
 - V5160 – Dispensing fee, binaural
 - V5170 – Hearing aid, cros, in the ear
 - V5180 – Hearing aid, cros, behind the ear
 - V5190 – Hearing aid, cros, glasses
 - V5200 – Dispensing fee, cros
 - V5210 – Hearing aid, bicros, in the ear
 - V5220 – Hearing aid, bicros, behind the ear
 - V5230 – Hearing aid, bicros, glasses
 - V5240 – Dispensing fee, bicros
 - V5241 – Dispensing fee, monaural hearing aid, any type
 - V5242 – Hearing aid, analog, monaural, CIC (completely in the ear canal)
 - V5243 – Hearing aid, analog, monaural, ITC (in the canal)
 - V5244 – Hearing aid, digitally programmable analog, monaural, CIC (completely in the ear canal)
 - V5245 – Hearing aid, digitally programmable, analog, monaural, ITC (in the ear canal)
 - V5246 – Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
 - V5247 – Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
 - V5248 – Hearing aid, analog, binaural, CIC (completely in the ear canal)
 - V5249 – Hearing aid, analog, binaural, ITC (in the ear canal)
 - V5250 – Hearing aid, digitally programmable analog, binaural, CIC (completely in the ear canal)
 - V5251 – Hearing aid, digitally programmable analog, binaural, ITC (in the ear canal)
 - V5252 – Hearing aid, digitally programmable, binaural, ITE (in the ear)
 - V5253 – Hearing aid, digitally programmable, binaural, BTE (behind the ear)
 - V5254 – Hearing aid, digital, monaural, CIC (completely in the ear canal)
 - V5255 – Hearing aid, digital, monaural, ITC (in the ear canal)
 - V5256 – Hearing aid, digital, monaural, ITE (in the ear)
 - V5257 – Hearing aid, digital, monaural, BTE (behind the ear)
 - V5258 – Hearing aid, digital, binaural, CIC (completely in the ear canal)
 - V5259 – Hearing aid, digital, binaural, ITC (in the ear canal)
 - V5260 – Hearing aid, digital, binaural, ITE (in the ear)
 - V5261 – Hearing aid, digital, binaural, BTE (behind the ear)
 - V5299 – Hearing service, miscellaneous

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, select the *Audiology Provider Manual*, pages 7-1, 8-3 through 8-5, and A-2 through A-6.

For a hard copy of the revised manual pages, send a request to Publications Coordinator, 3600 SW Topeka Blvd, Suite 204, Topeka, KS 66611 or send an e-mail to publications@ksxix.hcg.eds.com. Specify the bulletin by number, provider type and date, and include your mailing address with a specified individual or office if possible.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

7000. AUDIOLOGY BILLING INSTRUCTIONS

Introduction to the HCFA-1500 Claim Form Updated 2/06

Audiology providers must use the HCFA-1500 claim form (unless submitting electronically) when requesting payment for medical services and supplies provided under the Kansas Medical Assistance Program. An example of the HCFA-1500 claim form is in the Forms Section at the end of this manual. The Kansas MMIS uses electronic imaging and optical character recognition (OCR) equipment. Therefore, information is not recognized if not submitted in the correct fields as instructed. **Billing for Audiology services now requires the use of left (LT) and right (RT) modifiers on all monaural services. If services are binaural, the use of left and right modifiers are not allowed.**

EDS does not furnish the HCFA-1500 claim form to providers. Refer to Section 1100 of the *General Introduction Manual*.

For line-by-line instructions to complete the HCFA 1500, refer to the *General Billing Manual*, pages 5-14 through 5-19.

SUBMISSION OF CLAIM:

Send completed first page of each claim and any necessary attachments to:

Kansas Medical Assistance Program
Office of the Fiscal Agent
P.O. Box 3571
Topeka, KS 66601-3571

BENEFITS AND LIMITATIONS

8400. MEDICAID Updated 2/06

Accessories:

Medically necessary accessories, after supplied as part of the initial cost, are not covered.

- Exceptions:** 1) Ear molds are considered content of service of the hearing aid for three months after the dispensing date.
- 2) When two ear molds are ordered by the physician or audiologist for a monaural aid, the first ear mold is considered part of the dispensing fee. However, a reasonable fee will be allowed for the second mold.

Batteries:

Only six batteries are covered per month for monaural aids and 12 per month for binaural aids. Batteries for use with cochlear devices are limited to lithium ion (three per 30 days) and zinc air (six per 30 days). Batteries for cochlear devices are covered for KAN Be Healthy eligible beneficiaries only. Only one type of battery is allowed every 30 days.

PA in excess of these limitations will not be approved.

Binaural:

Fitting of binaural hearing aids are covered, with documentation on the hearing evaluation form, for the following:

- Children under the age of 21, KAN Be Healthy is not required
- A legally blind adult with significant bilateral hearing loss
- A previous binaural hearing aid user
- An occupational requirement for binaural listening

Specific medical necessity documentation must be provided supporting the need for a binaural versus a monaural aid. The documentation must include tests conducted in a commercially available sound suite (or equivalent quiet room), including the beneficiary's speech reception threshold and speech discrimination ability under the following conditions:

- Standard listening conditions with earphones
- Listening with a monaural fitting
- Listening with a binaural fitting

Note: Improvement beyond a chance level of variation must be demonstrated for both speech reception threshold and speech discrimination ability.

8400. Updated 2/06

Cochlear Implant:

Effective with dates of service March 1, 2006, cochlear implants, devices, accessories, repairs, and batteries are a covered service for KAN Be Healthy (KBH) eligible beneficiaries. These services are no longer restricted to one provider. Cochlear device implantation (69930) is allowed without prior authorization. The implant (69930 – cochlear implantation) and the original device (L8614 – device/system) must be billed on the same claim form, or the claim will deny.

Before cochlear services can be provided out of state, providers must request and receive approval (prior authorization) from KMAP. Diagnostic analysis of cochlear implants may be a covered service for KBH eligible beneficiaries.

Use of the left (LT) or right (RT) modifiers is required on all claims for cochlear implantation, original device, headset/headpiece, microphone, transmitting coil, transmitting cable, replacement processors, accessories and repairs, regardless of the provider. Headset/headpiece, microphone, and transmitting coils may be replaced once per year for KBH eligible beneficiaries.

Cochlear external speech processor replacements are allowed no more than one time every four years with prior authorization for KBH eligible beneficiaries. Cochlear external speech processor replacements will only be allowed if the current processor is malfunctioning out of warranty and cannot be repaired. Replacements for upgrades will not be allowed. Replacements for lost cochlear external speech processors will be allowed one time during the four year period for KBH eligible beneficiaries.

Three lithium ion batteries for cochlear implant devices (L8623 and L8624) are allowed for KBH eligible beneficiaries per 30 days. Six zinc air batteries (L8621) and alkaline batteries (L8622) for cochlear implant devices are allowed for KBH eligible beneficiaries per 30 days. Only one type of battery is allowed every 30 days.

Dispensing:

Only one dispensing fee is allowed for monaural or binaural services. The appropriate dispensing fee must be used. **DO NOT BILL TWO DISPENSING FEES.** If services are monaural, the left or right modifier must be submitted on the claim. If the services are binaural, the left and right modifiers are not allowed. Hearing aid dispensing services include adjusting the aid to meet the beneficiary's medical need. If the aid cannot be adjusted to meet the beneficiary's need within the one-month trial period, the aid is to be replaced or returned to the dispenser.

If the aid is returned, Medicaid will cover one month's rental, not to exceed \$65 plus the cost of the ear mold.

Documentation:

To verify services provided in the course of a postpayment review, documentation in the beneficiary's medical record must support the service billed.

8400. Updated 2/06

Eyeglasses:

The cost of the **hearing aid only** is covered in eyeglasses with hearing aids for beneficiaries not participating in the KAN Be Healthy program.

Reimbursement for incorporation of the eyeglasses with the hearing aid is covered with PA for KAN Be Healthy participants.

Hearing Aids:

Initial hearing aids do not require PA. Documentation supporting the need for the hearing aid still needs to be available in the beneficiary's record.

The use of the left or right modifier with monaural services is required. Claims will be denied if the appropriate modifier is not used. The use of the left or right modifier with binaural services is not allowed. Claims will be denied if the modifiers are used.

All hearing aids must be covered by a six month warranty. Hearing aid replacements may be reimbursed only once in a four-year period. The four-year period starts with the initial hearing aid and does not begin again if the aid is replaced.

Hearing aids that are lost, broken, or destroyed may be replaced (with PA) once during the four-year period when documentation of the circumstances demonstrates the need. The Explanation of Necessity for Hearing Aids and PA form must be submitted for prior authorization. (Refer to Sections 4300 and 7010 for complete instructions.)

Repairs:

Repairs must be covered by a six month warranty.

Repairs of \$14.99 or less are not covered.

Repairs of \$15 to \$75 are covered without PA.

Repairs exceeding \$75 require PA. Authorization will be given only when, in the consultant's opinion, the repairs are not extensive enough to warrant the fitting and dispensing of a new hearing aid.

Replacement Supplies:

Replacement cords for hearing instruments and cochlear implants are covered with medical necessity documentation.

8400. Updated 2/06

Testing, Examination, and Fitting:

Only physicians and licensed or certified audiologists will be reimbursed for hearing tests.

A physician must examine the hearing aid beneficiary for pathology or disease no more than six months prior to the fitting of the aid. Only physicians and licensed or certified audiologists will be reimbursed for hearing tests.

An otologist, certified audiologist, or hearing aid dealer must perform hearing tests on the beneficiary **prior** to the fitting and dispensing date.

Speech audiometry -- threshold only (92555) and basic comprehensive audiometry (92557) -- may be repeated one time for hearing aid fit evaluation.

Screening test, pure tone, air only (92551), and Evoked otoacoustic emissions limited (single stimulus level, either transient or distortion products) (92587) is limited to one service per day.

PROCEDURE Updated 2/06		
COV.	CODE	NOMENCLATURE
KBH	69930	Cochlear device implantation
	92562	Loudness balance test, alternate binaural or monaural
	92563	Tone decay test
	92564	Short increment sensitivity index (SISI)
	92565	Stenger test, pure tone
	92567	Tympanometry (impedance testing)
	92568	Acoustic reflex testing
	92569	Acoustic reflex decay test
<u>SUPPLIES</u>		
KBH KBH	92571	Filtered speech test
	92577	Stenger test, speech
	92579	Visual Reinforcement Audiometry
	92582	Conditioning play audiometry
	92584	Electrocochleography
	92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
	92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
	92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
KBH KBH KBH KBH	92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (Comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
	92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
	92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming
	92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
	92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
	92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)

PROCEDURE Updated 2/06		
<u>COV.</u>	<u>CODE</u>	<u>NOMENCLATURE</u>
SUPPLIES, (continued)		
KBH	L8614	Cochlear device/system
KBH	L8615	Headset/headpiece for use with cochlear implant device, replacement
KBH	L8616	Microphone for use with cochlear implant device, replacement
KBH	L8617	Transmitting coil for use with cochlear implant device, replacement
KBH	L8618	Transmitter cable for use with cochlear implant device, replacement
KBH, PA	L8619	Cochlear implant external speech processor, replacement
KBH	L8621	Zinc air battery for use with cochlear implant device, replacement, each
KBH	L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
KBH	L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
KBH	L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
*PA	V5014	Repair/Modification of a hearing aid
PA for replacement only	V5030	Hearing aid, monaural, body worn, air conduction
RR for one month trial rental		
PA for replacement only	V5040	Hearing aid, monaural, body worn, bone conduction
RR for one month trial rental		
PA for replacement only	V5050	Hearing aid, monaural, in the ear
RR for one month trial rental		

*Refer to "**Repairs**", Section 8400

<u>COV.</u>	<u>PROCEDURE CODE</u>	Updated 2/06 <u>NOMENCLATURE</u>
PA for replacement only RR for one month trial rental	V5060	Hearing aid, monaural, behind the ear
KBH, PA for replacement only RR for one month trial rental	V5070	Glasses, air conduction
KBH, PA for replacement only RR for one month trial rental	V5080	Glasses, bone conduction
PA for replacement only	V5090	Dispensing fee, unspecified hearing aid
PA for replacement only RR for one month trial rental	V5120	Binaural, body
PA for replacement only RR for one month trial rental	V5130	Binaural, in the ear
PA for replacement only RR for one month trial rental	V5140	Binaural, behind the ear
KBH, PA for replacement only RR for one month trial rental	V5150	Binaural, glasses
PA for replacement only	V5160	Dispensing fee, binaural
PA for replacement only RR for one month trial rental	V5170	Hearing aid, cros, in the ear
PA for replacement only RR for one month trial rental	V5180	Hearing aid, cros, behind the ear
KBH, PA for replacement only RR for one month trial rental	V5190	Hearing aid, cros, glasses
PA for replacement only	V5200	Dispensing fee, cros
PA for replacement only RR for one month trial rental	V5210	Hearing aid, bicros, in the ear

COV.	PROCEDURE CODE	Updated 2/06 NOMENCLATURE
PA for replacement only RR for one month trial rental	V5220	Hearing aid, bicros, behind the ear
KBH, PA for replacement only RR for one month trial rental	V5230	Hearing aid, bicros, glasses
PA for replacement only	V5240	Dispensing fee, bicros
PA for replacement only	V5241	Dispensing fee, monaural hearing aid, any type
PA for replacement only RR for one month trial rental	V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
PA for replacement only RR for one month trial rental	V5243	Hearing aid, analog, monaural, ITC (in the canal)
PA for replacement only RR for one month trial rental	V5244	Hearing aid, digitally programmable analog, monaural, CIC (completely in the ear canal)
PA for replacement only RR for one month trial rental	V5245	Hearing aid, digitally programmable analog, monaural, ITC (in the ear canal)
PA for replacement only RR for one month trial rental	V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
PA for replacement only RR for one month trial rental	V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
PA for replacement only RR for one month trial rental	V5248	Hearing aid, analog, binaural, CIC (completely in the ear canal)
PA for replacement only RR for one month trial rental	V5249	Hearing aid, analog, binaural, ITC (in the canal)
PA for replacement only RR for one month trial rental	V5250	Hearing aid, digitally programmable analog, binaural, CIC (completely in the ear canal)
PA for replacement only RR for one month trial rental	V5251	Hearing aid, digitally programmable analog, binaural, ITC (in the ear canal)

<u>COV.</u>	Updated 2/06	
	<u>PROCEDURE CODE</u>	<u>NOMENCLATURE</u>
PA for replacement only RR for one month trial rental	V5252	Hearing aid, digitally programmable, binaural, ITE (in the ear)
PA for replacement only RR for one month trial rental	V5253	Hearing aid, digitally programmable, binaural, BTE (behind the ear)
PA for replacement only RR for one month trial rental	V5254	Hearing aid, digital, monaural, CIC (completely in the ear canal)
PA for replacement only RR for one month trial rental	V5255	Hearing aid, digital, monaural, ITC (in the ear canal)
PA for replacement only RR for one month trial rental	V5256	Hearing aid, digital, monaural, ITE (in the ear)
PA for replacement only RR for one month trial rental	V5257	Hearing aid, digital, monaural, BTE (behind the ear)
PA for replacement only RR for one month trial rental	V5258	Hearing aid, digital, binaural, CIC (completely in the ear canal)
PA for replacement only RR for one month trial rental	V5259	Hearing aid, digital, binaural, ITC (in the ear canal)
PA for replacement only RR for one month trial rental	V5260	Hearing aid, digital, binaural, ITE (in the ear)
PA for replacement only RR for one month trial rental	V5261	Hearing aid, digital, binaural, BTE (behind the ear)
MN	V5264	Ear mold/insert, not disposable, any type
	V5266	Battery for use in hearing device
	V5299	Hearing service, miscellaneous (to be used only for replacement cord for analog or digital hearing aids. Use the covered codes for cochlear devices.)