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Provider Bulletin Number 608

Professional 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 is 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 bulletin, view the *Professional Provider Manual*, page 8-7.

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.

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A risk factor must be demonstrated on each consumer through the accurate completion of the HOME MONITOR INFORMATIONAL FORM, or similar medical necessity form providing the same information. (Refer to the 'Forms' section for an example of an acceptable Home Monitor Form.) The form(s) and valid prescription (dated on or prior to service dates) must be retained in the files of the provider supplying the monitoring device and are to be provided upon request.

If the consumer has utilized an apnea monitor longer than six months, the HOME MONITOR INFORMATIONAL FORM and copy of a valid prescription are required to be attached to the claim when billing for the seventh month. Claims billed for apnea monitor rental for the seventh month and beyond are reviewed for medical necessity, **regardless of provider**. Documentation supporting continued need for the apnea monitor must accompany the claim. This documentation should include information from the past 6 months regarding any apneic episodes, or conditions that put the child at risk and indicating continued need of the monitor.

Audiology:

The following audiology services are covered under the Kansas Medical Assistance Program:

- Audiological testing, ear examinations, and evaluations
- Dispensing and repair of hearing aids
- Trial rental of hearing aids
- Batteries

Limitations on covered services are outlined below and on the following pages.

Batteries

Batteries are limited to six per month for monaural hearing aids and 12 per month for binaural hearing aids. **Prior authorization (PA) will not override these limitations.** 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.

Dispensing of Hearing Aids

One dispensing fee is covered for binaural and bicros hearing aids.

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.

Modifiers

Billing for Audiology services now requires the use of left (LT) and right (RT) modifiers on all monaural services. If the services are binaural the use of left and right modifiers is not allowed.