10

10 Audiology/Hearing Services

Audiological function tests and hearing aids are limited to Medicaid recipients who are eligible for treatment under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. These services do not require an EPSDT referral. See chapter 39 for Patient 1st referral requirements. Hearing aids are provided through hearing aid dealers who are contracted to participate in the Alabama Medicaid Hearing Aid Program.

An eligible recipient with hearing problems may be referred to a private physician or to a Children's Specialty Clinic for medical evaluation.

The policy provisions for audiology and hearing services providers can be found in the *Alabama Medicaid Agency Administrative Code,* Chapter 19.

10.1 Enrollment

HP enrolls hearing services providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code*, and the *Alabama Medicaid Provider Manual.*

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

Federal requirements mandate providers re-enroll periodically with the Alabama Medicaid program. Providers will be notified when they are scheduled to re-enroll. Failure to re-enroll and provide appropriate documentation to complete enrollment will result in an end-date being placed on the provider file. Once a provider file has been closed for failure to timely re-enroll, providers will have to submit a new application for enrollment.

Added: Federal requirements mandate… application for enrollment.

Only in-state and bordering out-of-state (within 30 miles of the Alabama state line) audiology and hearing aid providers who meet enrollment requirements are eligible to participate in the Alabama Medicaid program.

National Provider Identifier, Type, and Specialty

A provider who contracts with Alabama Medicaid as an Audiology/hearing provider is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for hearing-related claims.

NOTE:
The 10-digit NPI is required when filing a claim.

Hearing service providers are assigned a provider type of 22 (Hearing Aid Dealer) and/or 20 (Audiologist). The valid specialty for Hearing Aid providers is Hearing Aid Dealer (220). The valid specialty for Audiology is 200.

Enrollment Policy for Audiology Providers

Audiologists must hold a valid State license issued by the state in which they practice.

HP is responsible for enrollment of audiologists. Licensed audiologists desiring to participate in the Alabama Medicaid Program must furnish the following information to HP as part of the required enrollment application:

- Name
- Address
- Specialty provider type
- Social Security Number
- Tax ID Number
- Copy of current State license

Hearing Aid Dealers

Dealers must hold a valid license issued by the Alabama Board of Hearing Aid Dealers, as issued by the state in which the business is located.

10.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

10.3 Prior Authorization and Referral Requirements

Hearing services procedure codes generally do not require prior authorization. Any service warranted outside of these codes must have prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the Patient 1st Program, refer to Chapter 39, Patient 1st, to determine whether your services require a referral from the Primary Medical Provider (PMP). When an EPSDT referral is required for treatment of medically necessary services, the Alabama Medicaid Referral Form (Form 362) must be appropriately completed by the screening physician including the screening date that the problem was identified and the reason for the referral.

10.4 Cost Sharing (Copayment)

Copayment does not apply to hearing services.

10.5 Completing the Claim Form

NOTE:

An audiologist employed by a physician cannot file a claim for the same services billed by that physician for the same patient, on the same date of service.

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Hearing services providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claims processing turnaround
- Ability to immediately correct claim errors
- Online adjustments capability
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required Medicare-related claims must be filed using the Medical Medicaid/Medicare-related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

10.5.1 Time Limit for Filing Claims

Medicaid requires all claims for hearing services to be filed within one year of the date of service. Refer to Section 5.1.4, Filing Limits, for more information regarding timely filing limits and exceptions.

10.5.2 Diagnosis Codes

Hearing aid dealers must bill diagnosis code V729 on all claims.

Audiologists are required to use a valid ICD-9 diagnosis code. The International Classification of Diseases - 9th Revision - Clinical Modification (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

10.5.3 Cochlear, Auditory Brain Stem and Osseointegrated Implants

Cochlear Implants

Cochlear Implants are covered on an inpatient basis only. Prior authorization for the preoperative evaluation and the implantation must be requested by a Medicaid-approved *cochlear implant team surgeon,* using the Authorization for Cochlear Implants Form (PHY-96-11).

Added: Specialty Code 740…Occupational Therapist.

Specialty Code 740 is needed to enroll for Cochlear Implants.

The Criteria for the Team members is as follows;

1. Surgeon Board certified otolaryngologist
   Completion of Nucleus Pediatric Cochlear Implant Surgeons' Course or show evidence of training during residency.
   Successfully performed previous Pediatric Cochlear Implantations

2. Audiologist Master's degree from an accredited institution
   Certificate of Clinical competence in audiology
   Alabama License in audiology
   Completion of the Cochlear Implant Workshop

3. Speech/Language Pathologist
   Master's degree from an accredited institution
   Certificate of Clinical Competence in Speech/Language Pathology
   Alabama License in Speech/Language Pathology
   Experience in auditory-verbal and total communications methodologies

4. Rehabilitation Specialist-not required as part of the team, but must have available for consultation the following professionals:
   Psychologists
   Social Workers
   Physical Therapists
   Occupational Therapist

Medicaid may reimburse for cochlear implant services for recipients who meet the following criteria:

1. EPSDT referral
2. Chronological age 1 through 20 years of age
3. Profound (>90 dBHL) sensorineural hearing loss bilaterally and minimal speech perception under best aided conditions
4. Minimal or no benefit obtained from a hearing (a vibrotacile) aid as demonstrated by failure to improve on age appropriate closed-set work identification task. Appropriate amplification and rehabilitation for a minimum six-month trial period is required to assess the potential for aided benefit. Benefits may be extended to candidates with severe hearing impairment and open-set sentence discrimination that is less than or equal to 30 percent in the best aided conditions.
5. No medical or radiological contraindications, and otologically stable and free of active middle ear disease prior to cochlear implantation.
6. Families/caregivers and possible candidates well-motivated. Education must be conducted to ensure parental understanding of the benefits and limitations of the device, appropriate expectations, commitment to the development of auditory and verbal skills, dedication to the child's therapeutic program and the ability to adequately care for the external equipment.

Effective June 1, 2002, Medicaid will reimburse for a personal FM system for use by a cochlear implant recipient when prior authorized by Medicaid and not available by any other source. The replacement of lost or damaged external

components (when not covered under the manufacturer's warranty) will be a covered service when prior authorized by Medicaid.

Reimbursements for manufacturer's upgrades will not be made within the first three years following initial implantation.

Prior Authorization Procedures are as follows:

1. The Alabama Prior Review and Authorization request (Form 342) must be completed, signed and mailed to the address indicated on the form.

2. The prior authorization number issued for the cochlear implant must be indicated in the clinical statement section of form 342.

3. Additional medical documentation supporting medical necessity for FM system (V5273) or replacement external components should be attached.

Auditory Brain Stem Implants (ABI)

An ABI is covered on an inpatient basis only and requires prior authorization. The Alabama Prior Review and Authorization request (Form 342) must be completed, signed and mailed to the address indicated on the form.

Medicaid may reimburse for ABI services for recipients who meet the following criteria:

1. Must be 12-20 years of age
2. Physician notes must indicate the diagnosis of Neurofibromatosis Type II
3. Medical assessment to ensure candidate is able to tolerate surgery
4. Documentation of anticipatory guidance to child/parents concerning expected outcomes, complications, and possible aural rehabilitation

Osseointegrated Implant (BAHA)

An Osseointegrated Implant (BAHA) is covered on an inpatient basis only and requires prior authorization. The Alabama Prior Review and Authorization request (Form 342) must be completed, signed and mailed to the address indicated on the form.

Medicaid may reimburse for osseointegrated implant services for recipients who meet the following criteria:

1. Must be 5-20 years of age; and
2. Congenital or surgically induced malformations of the external ear canal or middle ear; or
3. Chronic external otitis or otitis media when a conventional hearing aid cannot be worn; or
4. Tumors of the external canal.
5. Must all meet audiologic criteria of: pure tone average bone conduction threshold of up to 70 dB and speech discrimination score better than 60%.

For Single Sided Deafness (SSD), criteria are as follows:

1. Must be 5-20 years of age; and
2. Bone conduction of 35-40 dB or better in the contralateral ear.

10.5.4 Procedure Codes and Modifiers

Audiological function tests must be referred by the attending physician before testing begins. The (837) Professional electronic claim has been modified to accept up to four Procedure Code Modifiers.

Audiology Tests

The following CPT codes represent comprehensive audiological tests that may be performed each calendar year. Additional exams may be performed as needed when medically necessary to diagnose and test hearing defects.

Procedure Code	*Description*
92531	Spontaneous nystagmus, including gaze
92532	Positional nystagmus
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534	Optokinetic nystagmus
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of 4 positions with recording
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544	Optokinetic nystagmus test, bi-directional, foreal or peripheral stimulation, with recording
92545	Oscillating tracking test, with recording
92546	Torsion swing test, with recording
92547	Use of vertical electrodes in any or all of above vestibular function tests counts as one additional test
92557	Basic comprehensive audiometry (92553 & 92556 combined)
92582	Conditioning play audiometry (for children up to 5 years old)
92585	Brainstem evoked response recording (evoked response (EEG) audiometry)

NOTE:

Procedure codes 92531-92547 are normally performed on adults; however, children are occasionally tested.

The following procedure codes are not included in the annual limitations.

Procedure Code	*Description*
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92553	Pure tone audiometry (threshold); air and bone
92555	Speech audiometry; threshold only
92556	Speech audiometry; threshold and discrimination
92558	Evoked otoacoustic emissions; screening, automated analysis.
92560	Bekesy audiometry; screening
92561	Bekesy audiometry; diagnostic
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
92568	Acoustic reflex testing
92569	Acoustic reflex decay test
92571	Filtered speech test
92572	Staggered spondaic word test

Procedure Code	Description
92573	Lombard test (Deleted 1/1/07)
92575	Sensorineural activity level test
92576	Synthetic sentence identification test
92577	Stenger test, speech
92583	Select picture audiometry
92584	Electrocochleography
92585	Brainstem evoked response recording
92587	Evoked otoacoustic emissions
92588	Comprehensive/diagnostic evaluation
92590	Hearing aid examination and selection; monaural
92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural
92593	Hearing aid check; binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural
92626	Evaluation of Auditory Rehabilitation Status; first hour
92627	Evaluation of Auditory Rehabilitation Status; each additional 15 mins
92630	Auditory Rehabilitation; pre-lingual hearing loss
92633	Auditory Rehabilitation; post-lingual hearing loss
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour

Cochlear & Auditory Brain Stem Implants (ABI) and BAHA System

Procedure Code	Description
69930	Cochlear Device Implantation (See NOTE below)
L8619*	Processor repair/replacement- Will be reimbursed at invoice price
S2235**	Implantation of Auditory Brain Stem Implant
V5299	Hearing service, miscellaneous (for non lithium processor batteries, cords, etc)
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 of age or older; subsequent reprogramming.
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Group, two or more individuals
92626	Evaluation of Auditory Rehabilitation Status; first hour
92627	Evaluation of Auditory Rehabilitation Status; each additional 15 mins
92630*	Auditory Rehabilitation; pre-lingual hearing loss
92633*	Auditory Rehabilitation; post-lingual hearing loss
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour
V5273	Assistive listening device, includes FM receiver and transmitter for use with Cochlear Implant
V5299	Hearing service, miscellaneous code for repair done for V5273
69714**	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715**	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717**	Replacement, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy

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Procedure Code	*Description*
69718**	Replacement, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
L8691	Auditory osseointegrated device, external sound processor, replacement – Will be reimbursed at invoice price
L8627	Cochlear Implant, external speech processor, component, replacement –will be reimbursed at invoice price
L8628	Cochlear Implant, external controller component, replacement-will be reimbursed at invoice price

*Cannot bill 92507 on the same day as 92630 or 92633
**Requires Prior Authorization

NOTE:

The Cochlear, ABI and BAHA Device is purchased at contract price established by hospital and supplier and covered through the hospital per diem.

Hearing Aid Monaural

Procedure Code	*Description*
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
V5244	Hearing aid, digitally programmable analog, monaural, completely in the ear canal
V5245	Hearing aid, digitally programmable analog, monaural, in the canal
V5246	Hearing aid, digitally programmable analog, monaural, in the ear
V5247	Hearing aid, digitally programmable analog, monaural, behind the ear
V5254	Hearing aid, digital, monaural, completely in the ear canal
V5255	Hearing aid, digital, monaural, in the canal
V5256	Hearing aid, digital, monaural, in the ear
V5257	Hearing aid, digital, monaural, behind the ear

Hearing Aid Binaural

Binaural aids should be billed with one unit.

Procedure Code	*Description*
V5100	Hearing Aid, bilateral, body worn
V5120	Binaural, body
V5130	Binaural, in the Ear
V5140	Binaural, behind the Ear
V5150	Binaural, glasses
V5210	Hearing aid, bicros, in the Ear
V5220	Hearing aid, bicros, behind the Ear
V5250	Hearing aid, digitally programmable analog, binaural, completely in the ear canal
V5251	Hearing aid, digitally programmable analog, binaural, in the canal
V5252	Hearing aid, digitally programmable analog, binaural, in the ear

Procedure Code	Description
V5253	Hearing aid, digitally programmable analog, binaural, behind the ear
V5258	Hearing aid, digital, binaural, completely in the ear canal
V5259	Hearing aid, digital, binaural, in the canal
V5260	Hearing aid, digital, binaural, in the ear
V5261	Hearing aid, digital, binaural, behind the ear

(Extra ear mold is a billable expense in connection with binaural aids.)

Hearing Aid Accessories

Procedure Code	Description
V5298	Stethoscope (1 every 2 years)
V5298	Harness (Huggies)
V5266	Batteries (1 package every 2 months for use with monaural aid)
V5298	Battery Cover
V5266	Batteries (2 packages every 2 months for use with binaural aids)
V5298	Receiver
V5264	Ear mold (1 every 4 months for use with monaural aid)
V5298	Garment Bag
V5298	Cords
V5298	Ear Hook
V5014	Factory Repair of Aid (out of warranty) (1 every 6 months for use with monaural aid)
V5264	Ear Mold (2 every 4 months for use with binaural aids)
V5014	Factory Repair of Aids (out of warranty) (2 every 6 months for use with binaural aids)
V5267	Hearing aid supplies/accessories

When billing for hearing services, replacement items and supplies, providers should bill the actual acquisition cost.

Place of Service Codes

The following place of service codes apply when filing claims for hearing services:

POS Code	Description
11	Office

10.5.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to claims with third party denials.

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

Refer to Section 5.7, Required Attachments, for more information on attachments.

10.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Medical Medicaid/Medicare-related Claim Filing Instructions	Section 5.6.1
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N