Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

Health and Recovery Services Administration (HRSA)

Hearing Aids & Services

Billing Instructions

[Chapter 388-547 WAC]

Copyright Disclosure

About this publication

This publication supersedes all previous Hearing Aids & Services Billing Instructions and # Memos published by the Washington State Department of Social & Health Services, Health and Recovery Services Administration

Note: The effective date and publication date for any particular page of this document may be found at the bottom of the page.

You may request a copy of the law relating to Hearing and Speech (18.35 RCW) from:

Washington State Department of Health
Board of Hearing and Speech
PO Box 47869
Olympia, WA 98504-7869

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Important Contacts

A provider may use DSHS's toll-free lines for questions regarding its program. However, DSHS's response is based solely on the information provided to DSHS's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern DSHS's programs. [WAC 388-502-0020 (2)].

How can I use the Internet to…

Find information on becoming a DSHS provider?

Visit Provider Enrollment at:
http://hrsa.dshs.wa.gov/provrel

Click ***Sign up to be a DSHS WA State Medicaid provider*** and follow the on-screen instructions.

Ask questions about the status of my provider application?

Visit Provider Enrollment at:
http://hrsa.dshs.wa.gov/provrel

- Click ***Sign up to be a DSHS WA State Medicaid provider***
- Click ***I want to sign up as a DSHS Washington State Medical provider***
- Click: ***What happens once I return my application?***

Submit a change of address or ownership?

Visit Provider Enrollment at:
http://hrsa.dshs.wa.gov/provrel

- Click ***I'm already a current Provider***
- Click ***I want to make a change to my provider information***

Find out about payments, denials, claims processing, or DSHS managed care organizations?

Visit the Customer Service Center for Providers at:
http://hrsa.dshs.wa.gov/provrel

- Click ***I'm already a current Provider***
- Click ***Frequently Asked Questions***

or call/fax:
1-800-562-3022, Option 2 (toll free)
1-360-725-2144 (fax)

or write to**:**
Medical Assistance Customer Service Center (MACSC)
PO Box 45562
Olympia, WA 98504-5562

If I don't have access to the Internet, how do I find information on…

Becoming a DSHS provider, ask questions about the status of my provider application, or submit a change of address or ownership?

Call Provider Enrollment at:
1-800-562-3022 (toll free)

or write to:
DSHS Provider Enrollment
PO Box 45562

Olympia, WA 98504-5562

If I don't have access to the Internet, how do I find information on… (cont.)

Private insurance or third-party liability, other than DSHS managed care?

Office of Coordination of Benefits
PO Box 45565
Olympia, WA 98504-5565
1-800-562-6136 (toll free)

How do I find out about Internet billing (electronic claims submission)?

Call the DSHS/HIPAA E-Help Desk at: 1-800-562-3022 (toll free) and choose option #2, then option #4

or e-mail to:
hipaae-help@dshs.wa.gov

- or -

Visit WinASAP and WAMedWeb:
http://www.acs-gcro.com

Click ***Medicaid*** then ***Washington State***.

All other HIPAA transactions:
https://wamedweb.acs-inc.com

To enroll with ACS EDI Gateway for HIPAA Transactions and/or WinASAP 2003, visit: http://www.acs-gcro.com

Click ***Medicaid***, then ***Washington State***, then ***Enrollment***.

or call ACS EDI Gateway, Inc. at:
1-800-833-2051 (toll free)

After you submit the completed EDI Provider Enrollment form, ACS will send you the link and information necessary to access the web site. If you are already enrolled but cannot access the website, please call ACS toll free at 1-800-833-2051.

Where can I view and download DSHS current and past fee schedules?

Visit:
http://hrsa.dshs.wa.gov/rbrvs/index.html#s

How do I obtain copies of billing instructions or numbered memoranda?

To view an electronic copy, visit:
http://hrsa.dshs.wa.gov

Click ***Billing Instructions/Numbered Memoranda***

How do I check on a client's eligibility status?

Call DSHS at:
1-800-562-3022 (toll free) and choose option #2

You may also access the WAMedWeb Online Tutorial at:
http://hrsa.dshs.wa.gov/wamedwebtutor

Where do I send paper claims?

Claims Processing
PO Box 9248
Olympia, WA 98507-9248

Who do I contact for a Limitation Extension?

Division of Healthcare Services
Limitation Extension
PO Box 45506
Olympia, WA 98504-5506
Telephone 1-800-562-3022
Fax 1-360-586-1471

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the DSHS/HRSA General Information Booklet (http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf) for a more complete list of definitions.

Authorization – The Department of Social and Health Services (DSHS) and/or Department of Health (DOH) approval for certain medical services, equipment, or supplies, before the services are provided to clients, as precondition for provider payment.

Client - An individual who has been determined eligible to receive medical or health care services under any DSHS program.

Code of Federal Regulations (CFR) - Rules adopted by the federal government.

Community Services Office (CSO) - An office of DSHS's economic services administration that administers social and health services at the community level.

Core Provider Agreement - The basic contract between DSHS and an entity providing services to eligible clients. The core provider agreement outlines and defines terms of participation in medical assistance programs.

Deafness - Complete or partial loss of ability to hear.

Department - The state Department of Social and Health Services.

Digital hearing aids – Hearing aids that use a digital circuit to analyze and process sound. [WAC 388-547-0200]

Expedited Prior Authorization (EPA) – The process of obtaining authorization that must be used for selected services, in which providers use a set of numeric codes to indicate to DSHS which acceptable indications, conditions, diagnoses, and/or criteria are applicable to a particular request for services.

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

FM Systems – Devices used to improve and augment access to auditory information in poor acoustic conditions (helps mitigate a negative impact of noise and reverberation on the ability to understand) that are found in classrooms, auditoriums, theaters, restaurants, etc. These devices use frequency modulated (FM) radio signals to transmit the primary auditory signal from a microphone/transmitter to a receiver worn by the person. [WAC 388-547-0200]

Health and Recovery Services Administration (HRSA) - The administration within DSHS authorized by the secretary to administer the acute care portion of Title XIX Medicaid, Title XXI State Children's Health Insurance Program (SCHIP), Title XVI Supplemental Security Income for the Aged, Blind, and Disabled (SSI), and the state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities.

Hearing Aids - Wearable sound-amplifying devices that are intended to compensate for hearing loss. Hearing aids are described by where they are worn in the ear as In-the-Ear (ITE), Behind-the-Ear (BTE), etc. Hearing aids can also be described by how they process the amplified signal. This would include analog conventional, analog programmable, digital conventional, and digital programmable. [WAC 388-547-0200]

Hearing Healthcare Professional – An audiologist or hearing aid fitter/dispenser licensed under Chapter 18.35 RCW, or an otorhinolaryngologist or otologist licensed under Chapter 18.71 RCW.
[WAC 388-547-0200]

Limitation Extension – A process for requesting reimbursement for covered services whose proposed quantity, frequency, or intensity exceeds that which DSHS routinely reimburses. Limitation extensions require prior authorization.

Managed care - A comprehensive health care delivery system that includes preventive, primary, specialty, and ancillary services. These services are provided through either a managed care organization (MCO) or primary care case management (PCCM) provider. [WAC 388-538-050]

Maximum Allowable Fee - The maximum dollar amount that DSHS will pay a provider for specific services, supplies, and equipment. [WAC 388-547-0200]

Medicaid - The state and federally funded Title XIX program under which medical care is provided to persons eligible for the:

- Categorically needy program; or
- Medically needy program.

Medical IDentification Card – The document DSHS uses to identify a client's eligibility for a medical program.

Medically Necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each Medicaid client and which consists of:

- First and middle initials (or a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of numerals only (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

Prior Authorization – A form of authorization used by the provider to obtain approval for a specific hearing aids and service(s). The approval is based on medical necessity and must be received before service(s) are provided to clients as a precondition for payment.
[WAC 388-547-0200]

Programmable hearing aids – Hearing aids that can be "programmed" digitally by a computer. *All digital hearing aids are programmable, but not all programmable hearing aids are digital.*

Provider or Provider of Service - An institution, agency, or person:

- Who has a signed agreement [Core Provider Agreement] with DSHS to furnish medical care, goods, and/or services to clients; and
- Is eligible to receive payment from DSHS.

Remittance And Status Report (RA) - A report produced by Medicaid Management Information System (MMIS), DSHS's claims processing system that provides detailed information concerning submitted claims and other financial transactions.

Revised Code of Washington (RCW) - Washington State laws.

Third Party - Any entity that is or may be liable to pay all or part of the medical cost of care of a medical program client.

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid.

Usual & Customary Fee - The rate that may be billed to DSHS for a certain service or equipment. This rate may not exceed:

1) The usual and customary charge that you bill the general public for the same services; or
2) If the general public is not served, the rate normally offered to other contractors for the same services.

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

About the Program

What Is the Purpose of the Hearing Aids & Services Program? [Refer to WAC 388-547-0100]

The purpose of the Hearing Aids & Services program is to pay hearing aid providers for hearing aids and services provided to eligible DSHS clients.

DSHS pays for hearing aids and services when:

- Covered. Refer to "Coverage-Adults" for covered hearing aids and services for clients 21 years of age and older; and refer to "Coverage-Children" for covered hearing aids and services for clients 20 years of age and younger;
- Within the scope of an eligible client's medical care program;
- Medically necessary (see *Definitions & Abbreviations*);
- Authorized as required within these billing instructions and Chapters 388-501 and 388-502 WAC;
- Billed according to these billing instructions and Chapters 388-501 and 388-502 WAC; and
- The client:
  - ✓ Completes a hearing evaluation, including an audiogram and/or developmentally appropriate diagnostic physiologic test performed and/or interpreted by a hearing healthcare professional;
  - ✓ Is referred by a hearing healthcare professional for a hearing aid (required only for children 20 years of age and younger); and
  - ✓ For clients 21 years of age and older only, has an average decibel hearing loss (dBHL) at 45 decibels in the better ear based on a pure-tone audiometric evaluation by a licensed audiologist or licensed hearing instrument fitter/dispenser at 1000, 2000, 3000, and 4000 Hertz (Hz) with effective masking as indicated.

Note: DSHS uses the following methodology to determine the dBHL: The sum of the dBHL readings are determined at each level/frequency at 1,000, 2,000, 3,000 and 4,000 Hz and divided by 4.

DSHS requires prior authorization for covered hearing aid services when the clinical criteria set forth in these billing instructions are not met. DSHS evaluates these requests on a case-by-case basis to determine whether they are medically necessary, according to the process found in WAC 388-501-0165.

Client Eligibility - Adults

Who Is Eligible? [Refer to WAC 388-547-0300]

Clients presenting Medical ID Cards with one of the following identifiers are eligible for hearing aid services:

Medical Identifier	Medical Program
CNP	Categorically Needy Program
CNP-QMB	CNP–Qualified Medicare Beneficiary
GAU – No out of state care	General Assistance – Unemployable
General Assistance – No out of state care	ADATSA, ADATSA Medical Only

Are Hearing Aids and Services Covered Under DSHS's Managed Care Plans?

No. Hearing aid services are not covered under DSHS's managed care plans. Clients who are enrolled in a DSHS-contracted managed care plan are eligible under fee-for-service for covered hearing aid services that are not covered by their plan. In those cases, bill DSHS directly.

Coverage - Adults

To receive payment from DSHS for hearing aids and services for adults, clients must meet the eligibility and criteria stated in these billing instructions.

What Is Covered? [Refer to WAC 388-547-0400 and 388-547-0100]

The Department of Social & Health Services (DSHS) covers a monaural hearing aid for eligible clients 21 years of age and older, without prior authorization (PA), if the client has an average decibel loss of 45 or greater in the better ear. DSHS uses the following methodology to determine the average decibel hearing loss (dBHL). The sum of the dBHL readings are determined at each level/frequency at 1,000, 2,000, 3,000, and 4,000 Hertz (Hz) and divided by 4.

Note: Binaural hearing aids require PA. To receive an additional hearing aid, a client must meet expedited prior authorization (EPA) criteria.
See the (EPA) section in these billing instructions

Purchase

DSHS covers the purchase of one new nonrefurbished monaural hearing aid, including the ear mold, every five years. The hearing aid must meet the client's specific hearing needs and be covered for repairs under warranty for a minimum of one year.

Replacement

DSHS covers one replacement hearing aid including the ear mold, in a five year period, when the client's hearing aid is lost or beyond repair and all warranties have expired.

DSHS covers a replacement ear mold once a year when the client's existing ear mold is damaged or no longer fits the client's ear.

Repair

DSHS covers a maximum of two repairs, per hearing aid, per year, when the repair is less than 50% of the cost of a new hearing aid. To receive payment, all of the following must be met:

- All warranties have expired; and
- The repair is under warranty for a minimum of 90 days.

Rental

DSHS covers rental hearing aid(s) for up to two months while the client's own hearing aid is being repaired. In the case of a rental hearing aid(s), DSHS pays separately for an ear mold(s).

What Is Not Covered? [Refer to WAC 388-547-0500]

DSHS does not cover the following hearing and hearing aid-related items for eligible clients 21 years of age and older:

- Batteries;
- Tinnitus maskers;
- FM Systems; or
- Pocket talkers or similar devices.

Exception To Rule (ETR)

DSHS evaluates a request for medical services, equipment, and/or supplies that are listed as noncovered under the provisions of WAC 388-501-0160 that relates to noncovered services. The request for a noncovered medical service, equipment, or supply is called a "request for an exception to rule." See WAC 388-501-0160 for information about exception to rule.

In order to request an ETR, ***providers must fill out and return*** to DSHS the Hearing Aid Authorization Request DSHS form 13-772, to:

ATTN: Medical Request Coordinator
PO Box 45506
Olympia, WA 98504-5506
Fax 1-360-586-1471

Download the Hearing Aid Request Form, DSHS 13-772 and the Basic Information Form, DSHS 13-756 by visiting DSHS at: http://www1.dshs.wa.gov/msa/forms/eforms.html

Coverage Table - Adults

The following procedure codes are the **only procedure codes** DSHS pays for under the Hearing Aids and Services program. Bill your usual and customary charge. Payment will be the lesser of the billed charge or the maximum allowable fee.

	Code Status	Procedure Code	Modifier	Brief Description	Policy Comments
Monaural		V5246	LT, RT, RA	Digitally programmable analog, ITE	For average hearing loss 45 dBHLs or greater. When billing for a second hearing aid, EPA/PA is required. Includes a prefitting evaluation, an ear mold and at least 3 follow-up appointments.
		V5247	LT, RT, RA	Digitally programmable analog, BTE	
		V5256	LT, RT, RA	Digital, ITE	
		V5257	LT, RT, RA	Digital, BTE	
		V5050	RR	Hearing aid, ITE	Billed as a rental only
		V5060	RR	Hearing aid, BTE	Billed as a rental only

Coverage Table Continued on Next Page

Legend

Modifiers: **RA** = Replacement of DME Item **RB** = Replacement Part of DME Item

LT = Left **RT** = Right **RR** = Rental

	Code Status	Procedure Code	Modifier	Brief Description	Policy Comments
Binaural		V5260	RA	Digital ITE	PA required for adults. Do not bill in conjunction with a monaural hearing aid.
		V5261	RA	Digital BTE	
Other		V5040	RT, LT, RA	monaural, body worn, bone conduction	PA required for adults. Do not bill in conjunction with a monaural hearing aid.
		V5264	RA	Ear Molds/insert, not disposable, any type	One per year when the existing ear mold is damaged or no longer fits
		V5014	RT, LT, RB (for casing only)	Repair/modification of a hearing aid	Used when billing for repair of a **hearing aid.** Maximum of 2 repairs in 1 year. (Includes parts and labor)
		V5298		Hearing Aid, NOC	PA/invoice required

Note: Reimbursement for all hearing instruments dispensed includes:

- **A prefitting evaluation;**
- **An ear mold; and**
- **A minimum of three post-fitting consultations.**

After a client has been using one hearing aid for six months, DSHS may authorize only a monaural procedure code. Billing a binaural code in conjunction with a monaural code within five years is not allowed without justification and prior authorization.

Legend

Modifiers: **RA** = Replacement of DME Item **RB** = Replacement Part of DME Item

LT = Left **RT** = Right **RR** = Rental

Prior Authorization - Adults

What Is Prior Authorization?

Prior authorization (PA) is the Department of Social & Health Services (DSHSs) approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider payment. Expedited prior authorization (EPA) and limitation extensions (LEs) are forms of PA.

What Hearing Aids and Services Does DSHS Require Prior Authorization for? [WAC 388-547-0600 (1)]

DSHS requires PA for binaural hearing aids for eligible clients 21 years of age and older.

Note: DSHS evaluates requests for covered services that are subject to limitations or other restrictions and approves such services beyond those limitations or restrictions as described in WAC 388-501-0169. **[WAC 388-547-0600 (2)]**

How Do I Obtain Prior Authorization?

[Refer to WAC 388-547-0600 (3)]

To request PA from DSHS, a provider must fax a completed Hearing Aid Authorization Request Form, DSHS 13-772, to:

DSHS-HRSA
Attn: Medical Request Coordinator
PO Box 45506
Olympia, WA 98504-5506
Fax: 1-360-586-1471

Download the Hearing Aid Authorization Request Form, DSHS 13-772, at:
http://www1.dshs.wa.gov/msa/forms/eforms.html

Note: When DSHS authorizes hearing aids and/or services, the PA indicates only that the specific service is medically necessary; it is not a guarantee of payment. The client must be eligible for covered services at the time those services are provided. To receive payment, hearing aids and/or services must be ordered and dispensed within the authorized timeframe. **[WAC 388-547-0600 (4) and (5)**

What Are Limitation Extensions?

Limitation extensions (LEs) are cases when a provider can verify that it is medically necessary to provide more units of service than allowed in DSHS/HRSA billing instructions and Washington Administration Code (WAC).

> **Note:** Requests for LEs must be appropriate to the client's eligibility and/or program limitations. Not all eligibility groups receive all services.

How Do I Request a Limitation Extension?

There are two ways to request an LE:

1. Providers may be able to obtain authorization for an LE using an expedited prior authorization (EPA) number. These EPA numbers are subject to post payment review as in any other authorization process. (See: **What is Expedited Prior Authorization? Listed in these billing instructions**)

2. In cases where the client's situation does not meet the EPA criteria for a LE, but the provider still feels that additional services are medically necessary, the provider must request DSHS approval in writing. Download the Hearing Aid Authorization Request form, DSHS 13-772, at: http://www1.dshs.wa.gov/msa/forms/eforms.html

The request must state the following in writing:

1. The name and PIC of the client;
2. The provider's name, DSHS provider number, telephone number, and FAX number;
3. Additional service(s) requested;
4. Copy of current audiogram for both ears aided and unaided, and the date the last hearing aid(s) were dispensed;
5. The primary diagnosis with the HCPCS code for the requested item; and
6. Clinical justification for additional item(s).

Send your written request for an LE to:
DSHS-HRSA
Limitation Extensions
PO Box 45506
Olympia, WA 98504-5506

- Or -

Telephone 1-360-725-2005
Fax 1-360-586-1471

What is Expedited Prior Authorization?

Expedited prior authorization (EPA) numbers are designed to eliminate the need for written authorization. DSHS establishes authorization criteria and identifies these criteria with specific codes, enabling providers to create an "EPA" number using those codes.

To bill DSHS for diagnoses, procedures and services that meet the EPA criteria on the following pages, the provider must **form a 9-digit EPA number.** The first six digits of the EPA number must be **870000**. The last 3 digits must be the code assigned to the diagnostic condition, procedure, or service that meets the EPA criteria. Enter the EPA number on the billing form in *field 23* when billing or in the *Authorization* or *Comments* field when billing electronically.

DSHS denies claims submitted without the appropriate diagnosis, procedure code, or service as indicated by the last three digits of the EPA number.

The billing provider must document in the client's file how EPA criteria was met, and make this information available to DSHS on request.

Expedited Prior Authorization for Adults

Note: DSHS uses the following methodology to determine the average decibel hearing loss (dBHL): the sum of the dBHL readings are determined at each level/frequency at 1,000, 2,000, 3,000, and 4,000 Hertz (Hz) and divided by 4.

Procedure Codes: V5246, V5247,V5256, or V5257

Note: For clients that have one hearing aid and need a second analog or digital hearing aid.

870000601 **Second Hearing Aid** for clients 21 years of age and older, who have tried to adapt with one hearing aid for a **period of 6 months**, whose auditory screening shows an average hearing of **45 dBHL** or greater in both ears and **one** or more of the following is documented in the client's records:

1. Inability to hear has caused difficulty with job performance;
2. Inability to hear has caused difficulty in functioning in the school environment; or
3. Client is legally blind.

Note: After waiting six months, only a monaural procedure code is authorized. Billing a binaural code in conjunction with monaural code within five years is not allowed without justification and prior approval.

Client Eligibility - Children

Who Is Eligible? [Refer to WAC 388-547-0700(1)]

Clients 20 years of age and younger who are receiving services under any medical assistance program, **except for the Family Planning Only program and the TAKE CHARGE program**:

- Are eligible for the covered hearing aids and services listed in these billing instructions and for the audiology services listed in the DSHS/HRSA *Speech/Audiology Program Billing Instructions*;
- Must have a complete hearing evaluation, including an audiogram and/or developmentally appropriate diagnostic physiologic test results performed by a hearing healthcare professional; and
- Must be referred by a licensed audiologist, otorhinolaryngologist, or otologist for a hearing aid.

Are Hearing Aids and Services Covered Under DSHS's Managed Care Plans? [WAC 388-547-0700(2)]

Hearing aid services are not covered under DSHS's managed care plans. Clients who are enrolled in a DSHS-contracted managed care plan are eligible under fee-for-service for covered hearing aid services that are not covered by their plan. In those cases, bill DSHS directly.

Coverage - Children

What Is Covered? [Refer to WAC 388-547-0800]

Purchase

The Department of Social & Health Services (DSHS) covers new, nonrefurbished, monaural or binaural hearing aid(s), which includes the ear mold, for eligible clients 20 years of age and younger. In order for the provider to receive payment, the hearing aid must meet the client's specific hearing needs and be under warranty for a minimum of one year.

Replacement

DSHS pays for:

- Replacement hearing aid(s), which includes the ear mold, when:
  - The client's hearing aid(s) are:
    - Lost;
    - Beyond repair; or
    - Not sufficient for the client's hearing loss; and
  - All warranties are expired.
- Replacement ear mold(s) when the client's existing ear mold is damaged or no longer fits the client's ear.

Repair

DSHS pays for a maximum of two repairs, per hearing aid, per year, when the repair is less than 50% of the cost of a new hearing aid. To receive payment, all of the following must be met:

- All warranties are expired; and
- The repair is under warranty for a minimum of 90 days.

Rental

DSHS pays for a rental hearing aid(s) for up to two months while the client's own hearing aid is being repaired. In the case of a rental hearing aid(s), DSHS pays separately for an ear mold(s).

What Is Not Covered? [Refer to WAC 388-547-0900]

DSHS does not cover the following hearing and hearing aid-related items and services for clients 20 years of age and younger:

- Batteries or tinnitus maskers;
- Group screenings for hearing loss, except as provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program (refer to DSHS's/HRSA's *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Billing Instructions*; or
- Computer-aided hearing devices for FM systems used in school.

When EPSDT applies, DSHS evaluates a noncovered service, equipment, or supply according to the process in WAC 388-501-0165 to determine if it is medically necessary, safe, effective, and not experimental.

Exception To Rule (ETR)

DSHS evaluates a request for medical services, equipment, and/or supplies that are listed as noncovered under the provisions of WAC 388-501-0160 that relates to noncovered services. The request for a noncovered medical service, equipment, or supply is called a "request for an exception to rule." See WAC 388-501-0160 for information about exception to rule.

In order to request an ETR, ***providers must fill out and return*** to DSHS the Hearing Aid Authorization Request DSHS form 13-772, to:

ATTN: Medical Request Coordinator
PO Box 45506
Olympia, WA 98504-5506
Fax 1-360-586-1471

Download the Hearing Aid Request Form, DSHS 13-772 and the Basic Information Form, DSHS 13-756 by visiting DSHS at: http://www1.dshs.wa.gov/msa/forms/eforms.html

Coverage Table - Children

	Code Status	Procedure Code	Modifier	Brief Description	Policy Comments
Monaural		V5246	LT, RT, RA	Digitally programmable analog, ITE	Includes a prefitting evaluation, an ear mold and at least 3 follow-up appointments.
		V5247	LT, RT, RA	Digitally programmable analog, BTE	
		V5256	LT, RT, RA	Digital, ITE	
		V5257	LT, RT, RA	Digital, BTE	
		V5050	LT, RT, RA, RR	Hearing aid, ITE	Invoice required.
		V5060	LT, RT, RA, RR	Hearing aid, BTE	
Binaural		V5260	RA	Digital ITE	Requires PA for adults 20 years of age and older. Do not bill in conjunction with a monaural hearing aid.
		V5261	RA	Digital BTE	
Other		V5040		Monaural, body worn, bone conduction	
		V5264	RA	Ear molds/insert, not disposable, any type	
		V5014	RT, LT, RB (for casing)	Repair/modification of a hearing aid	Used when billing for repair of a **hearing aid.** Maximum of 2 repairs in 1 year. (Includes parts and labor)
		V5274		FM Systems	Children Only – requires PA.
		V5298		Hearing Aid, NOC	PA/invoice required.

Note: Reimbursement for all hearing instruments dispensed includes:

- **A prefitting evaluation;**
- **An ear mold; and**
- **A minimum of three post-fitting consultations.**

Legend

Modifiers: RA = Replacement of DME Item **RB** = Replacement Part of DME Item

LT = Left **RT** = Right **RR** = Rental

Prior Authorization - Children

What Is Prior Authorization?

Prior authorization (PA) is Department of Social & Health Services' (DSHS's) approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider payment. **Expedited prior authorization (EPA) and limitation extensions are forms of PA.**

Does DSHS Require Prior Authorization for Children?
[WAC 388-547-1000]

NO. PA is **not** required for clients 20 years of age and younger for hearing aids and services. Providers should send claims for clients 20 years of age and younger directly to DSHS. **Providers do not need to obtain authorization from the local Children with Special Health Care Needs (CSHCN) Coordinator.**

> **Note:** DSHS evaluates requests for covered services that are subject to limitations or other restrictions and approves such services beyond those limitations or restrictions as described in WAC 388-501-0169. **[WAC 388-547-1000 (2)]**

What Are Limitation Extensions?

Limitation extensions (LEs) are cases when a provider can verify that it is medically necessary to provide more units of service than allowed in DSHS/HRSA billing instructions and Washington Administration Code (WAC).

> **Note:** Requests for LEs must be appropriate to the client's eligibility and/or program limitations. Not all eligibility groups receive all services.

How Do I Request a Limitation Extension?

There are two ways to request a limitation extension (LE):

1. Providers may be able to obtain authorization for these LEs using an expedited prior authorization number. These EPA numbers are subject to post payment review as in any other authorization process. (See: **What is Expedited Prior Authorization? In these billing instructions**)

2. In cases where the client's situation does not meet the EPA criteria for an LE, but the provider still feels that additional services are medically necessary, the provider must request DSHS approval in writing. Download the Hearing Aid Authorization Request form, DSHS 13-772, at: http://www1.dshs.wa.gov/msa/forms/eforms.html

The request must state the following in writing:

1. The name and PIC of the client;
2. The provider's name, DSHS provider number, telephone number, and FAX number;
3. Additional service(s) requested;
4. Copy of current audiogram for both ears aided and unaided, and the date the last hearing aid(s) were dispensed;
5. The primary diagnosis with the HCPCS code for the requested item; and
6. Clinical justification for additional item(s).

Send your written request for an LE to:

DSHS-HRSA
Limitation Extensions
PO Box 45506
Olympia, WA 98504-5506

- Or -

Telephone 1-360-725-2005
Fax 1-360-586-1471

Cochlear Implant Services

What Cochlear Implant Services are Covered?

DSHS covers certain replacement parts for cochlear implant devices and bone anchored hearing aids (BAHA) when all of the following are true:

- DSHS has purchased the implant(s);
- The manufacturer's warranty has expired;
- The part is for immediate use, not a back-up part; and
- The part is not an external speech processor (these require written/fax authorization).

What Services Require Prior Authorization (PA)?

DSHS requires PA for certain replacement parts when using the following codes:

- HCPCS code L9900 when billing for other replacement parts (e.g., the controller or ear hook). L9900 requires PA.
- Replacement of a speech processor (upgrade) (HCPCS code L8619)
- Repair of a speech processor (HCPCS code L7510)

What Services Require Expedited Prior Authorization (EPA)?

DSHS requires EPA for replacement parts for cochlear implants when using the following codes:

- HCPCS codes L8615-L8618 and L8621-L8624 that are given directly to a client;
- Unilateral cochlear implantation (CPT code 69930).

Note: If the client does not meet the EPA criteria, then PA is required.

DSHS will pay for, maintain, and repair only one cochlear speech processor and other necessary parts unless:

- An exception to rule has been approved; and
- DSHS originally paid for two cochlear implants.

The client must pay for repairs to additional speech processors and parts.
When reimbursing for battery packs, DSHS covers the **least costly, equally effective** product.

Note: DSHS does not pay providers for repairs or replacements that are covered under the manufacturer's warranty.

DSHS will reimburse only those vendors with a current core provider agreement. If the cochlear implant device is provided by a vendor without a current core provider agreement, replacement parts, accessories, and repairs for these devices may or may not be covered. See WAC 388-502-1101 and 388-502-1101.

HCPCS Code	Description	Policy
L7510	Repair of prosthetic device, repair or replace minor parts for cochlear devices includes Ear hook; direct connect; charges, case; power cell charger; care adapter	PA
L8615	Headset or headpiece replacement	EPA/PA
L8616	microphone replacement	EPA/PA
L8617	Transmitting coil	EPA/PA
L8618	Transmitting cable	EPA/PA
L8619	Replace cochlear processor	PA
L8621	Zinc air batter, each	EPA/PA
L8622	Alkaline battery, any size, each	EPA/PA
L8623	Lithium ion battery for use with speech processor	EPA/PA
L8624	Lithium ion battery for use with speech processor; ear	EPA/PA
L8627	Cochlear implant, external speech processor, component replacement	PA
L8628	Cochlear implant, external controller component replacement	PA
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device	PA
L8692	Auditory osseointegrated device, external sound processor, used without (BAHA)	PA

EPA: Expedited Prior Authorization
PA: Prior Authorization required

Payment

What Does DSHS Pay for? [WAC 388-547-1100 (1)]

The Department of Social & Health Services's (DSHS's) payment for purchased hearing aids includes:

- A prefitting evaluation;
- An ear mold; and
- A minimum of three post-fitting consultations.

When Does DSHS Deny Payment? [WAC 388-547-1100 (2)]

DSHS denies payment for hearing aids and/or services when claims are submitted without the prior authorization number, when required, or the appropriate diagnosis or procedure code(s).

What Does DSHS Not Pay for? [WAC 388-547-1100 (3)]

DSHS does not pay for hearing aid charges paid by insurance or other payer source.

> **Note:** To receive payment, the provider must keep documentation in the client's medical file to support the medical necessity for the specific make and model of the hearing aid ordered for the client. This documentation must include the record of the audiology testing providing evidence that the client's hearing loss meets the eligibility criteria for a hearing aid. **[WAC 388-547-1100 (4)]**

Fee Schedule

You may view DSHS's/HRSA's **Hearing Aids & Services Fee Schedule** on-line at http://hrsa.dshs.wa.gov/RBRVS/Index.html

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the general billing requirement in the DSHS/HRSA *General Information Booklet* (http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims;
- What fee to bill DSHS for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients; and
- Record keeping requirements.

What Records Specific to Hearing Aids Providers Must Be Kept in the Client's File?

Providers must keep documentation of all hearing tests and results in the complete client's chart and record.

This includes, but is not limited to, the following tests:

- Audiogram results/graphs/tracings (including air conduction and bone conduction comparisons);
- Basic or simple hearing tests or screening, such as is done in many schools;
- Tympanogram;
- Auditory Brainstem Response (ABR); and
- Elecronystagmogram (ENG) (not a hearing test but a special test of inner ear balance).

Completing the CMS-1500 Claim Form

Note: DSHS encourages providers to make use of electronic billing options. For information about electronic billing, refer to the *Important Contacts* section.

The following CMS-1500 claim form instructions relate to the **Hearing Aids & Services program**. To view general CMS-1500 claim form instructions download the DSHS/HRSA General Information Booklet at:

http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf.

For questions regarding claims information, call DSHS toll-free:

1-800-562-3022

Field No.	Name	Field Required	Entry
19.	**Reserved for Local Use**	When applicable	Enter: • "B" - Baby on parent's PIC; or • Claim notes.
23.	**Prior Authorization Number**	When applicable	Use the prior authorization number assigned to you if/when services have been denied and you are requesting an exception to rule.
24D.	**Procedures, Services or Supplies CPT/HCPCS**	Yes	Enter the appropriate Current Procedural Terminology (CPT) or Common Procedure Coding System (HCPCS) procedure code for the services being billed. **Modifier**: When appropriate enter a modifier.