

Colorado Medicaid Program



Correspondence

P.O. Box 1100
Denver, CO 80201-1100

Provider Services

303-534-0146
Toll Free Colorado 1-800-237-0757
Fax: 303-534-0439

Dear Provider:

Effective July 1, 2003, ACS, the Colorado Medicaid Fiscal Agent, will start accepting hearing benefit Prior Authorization Requests (PARs) and claims for services that have been approved by the fiscal agent. In order to participate in the hearing benefits program, you must be enrolled as a Colorado Medicaid Provider. The enrollment process takes approximately two weeks after receipt of the application.

- ✓ Audiologists should enroll as audiologists and as supply providers if they are registered with DORA and plan to dispense hearing aids.
- ✓ Teachers of the deaf and hard of hearing should enroll as non-physician practitioners.
- ✓ Speech/language pathologists should enroll as speech therapists.

If you are not currently enrolled as a Colorado Medicaid provider and would like to enroll, you have to complete and submit a Provider Enrollment Application. All documents necessary to complete the application process are available on the fiscal agent's website: <http://coloradomedicaid.acs-inc.com> or by calling Medicaid Provider Services at: **303-534-0146 or 1-800-237-0757 (Toll free Colorado)**.

Please mail your completed enrollment application to:

Colorado Medicaid Provider Enrollment

**PO Box 1100
Denver, Colorado 80201-1100**

If you have questions about the application, please call Medicaid Provider Services at: **303-534-0146 or 1-800-237-0757 (Toll free Colorado)**.

Provider training for hearing benefit PARs and claim submissions is on Tuesday, July 22nd from 9:00 AM to 12 PM at ACS, 600 17th Street, Suite 600N, Denver, CO 80202. For reservations, please call 303-534-0109, extension 304 or email: workshop.reservations@acs-inc.com. There is no charge for the training.

Sincerely,

Colorado Medicaid Provider Services



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent


A C S
600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

<http://coloradomedicaid.acs-inc.com>

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Hearing Services Providers

July 2003

Reference: B0300158

Urgent - Read Immediately!

Hearing Aid Benefit Changes

Hearing services for children have been a Medicaid benefit since 1979. The Colorado Department of Public Health and Environment, Health Care Program (HCP) for Children with Special Needs administered hearing services benefits. Providers of these services received prior authorization and payment through HCP. Effective July 1, 2003, the Medicaid fiscal agent, ACS, will administer hearing benefits for children.

Eligible providers

HCP providers who are currently enrolled as Medicaid providers do not need to re-enroll. Physicians are responsible for contacting the fiscal agent to confirm their enrollment with an otolaryngology specialty. Certified audiologists are eligible to become Medicaid providers. Audiologists must be registered with the Department of Regulatory Agencies in order to dispense hearing aids. CHIP facilitators must be credentialed by HCP. CHIP facilitators are eligible to become Medicaid providers and need to enroll in the Colorado Medicaid Program.

PARs approved by HCP

PARs approved by HCP are valid for HCP only. If there is an approved PAR through HCP, a PAR for duplicate services cannot be submitted to the fiscal agent. If the service was provided prior to July 1, 2003 without an approved PAR from HCP, the provider must contact HCP.

PARs approved by the Medicaid fiscal agent

The fiscal agent will begin *processing* PARs on July 1, 2003. PARs submitted to the fiscal agent must be submitted on the correct PAR form using the national HCPCS and CPT codes described in this bulletin. PARs submitted to the fiscal agent with a begin date prior to July 1, 2003 and/or utilizing HCP codes, or, on the incorrect form will not be approved. Instructions for completing the required PAR form are included in the Colorado 1500 Billing Manual. Prior authorization forms and instructions are also available on the fiscal agent website. PAR completion assistance is available by calling the fiscal agent's PAR line at 303-534-0279 or 1-800-237-7647.

HCP claims submissions

Claims for services authorized by HCP must be submitted to HCP for processing regardless of the date of service. HCP **must** receive these claims by September 15, 2003. Claims for HCP prior authorized services received after September 15, 2003 **will not be paid**. All appeal processes for denied claims authorized by HCP must be made to HCP. These claims cannot be submitted to the fiscal agent for processing. Questions regarding services prior authorized by HCP or for claims submitted to HCP should be directed to HCP.

Fiscal agent claims submissions

Claims for services prior authorized by the fiscal agent must be submitted to the fiscal agent for processing. Claims must meet all the Medicaid program claims submission requirements. Submit claims to the fiscal agent using the national HCPCS and CPT codes listed in this bulletin. Questions regarding services prior authorized by the fiscal agent or for claims submitted to the fiscal agent should be directed to the fiscal agent.

Colorado Home Intervention Program (CHIP) is a thirty-one year old therapy program for children who are deaf and hard of hearing. CHIP has 105 participating providers, including audiologists, speech and language pathologists, and teachers of the deaf and hard of hearing. When newborns are identified with a hearing loss and receive a diagnosis from an audiologist, CHIP offers further assessment and therapy services. Medicaid benefit services provided under this program do not require prior authorization. The service provider must be Medicaid enrolled. All provider enrollment and claims submission requirements apply. CHIP services may be billed using procedure codes 96111, 96115, 99341, 92506, 96105 and V5011.

Colorado Hearing Resource (CO-Hear) Regional Coordinators are sponsored by the Department of Public Health and Environment and the Department of Education. There are ten regional coordinators throughout the state. The coordinators work with audiologists and families to match children with hearing loss to the appropriate CHIP therapist. CO-Hear coordinators provide technical assistance for hearing loss, amplification, language assessment, and family-centered intervention for professionals, agencies and families. This program will continue.

The **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** program is the federally mandated health care benefits package that is administered in partnership with each state. EPSDT is for all Medicaid-enrolled children, ages birth through 20 years. EPSDT emphasizes preventive care and focuses on the early identification and treatment of medical, dental, vision, hearing and developmental problems. EPSDT benefits also include outreach and case management through local public health agencies.

General benefit information

Hearing benefits are limited to the minimum services required to meet the client's medical needs. As stated in Volume 8.280.06, medically necessary, or medical necessity, shall be defined as a Medicaid service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury, or disability; and for which there is no other equally effective or substantially less costly course of treatment suitable for the child's needs.

Hearing exams, speech therapy, diagnostic testing, surgeries, and related hospitalizations are regular benefits of the Medicaid program. Claims must meet all requirements outlined in the Colorado 1500 Provider Manual. Most services do not require prior authorization. These services are not generally limited by age.

Newborn Hearing Screening: The Colorado legislature passed House Bill 97-1095, which establishes hearing screenings for newborn infants [25-4-1004.7(VI)(b)]. Appropriate testing and identification of newborn infants with hearing loss makes early intervention and treatment possible and promotes the healthy development of children.

HCP Audiology Regional Coordinators will continue to provide consultation information, technical assistance, and referral services to families of children with special health care needs.

Cochlear Implants are benefits of the Medicaid program with prior authorization

Trial Rental Period is included in the purchase reimbursement for the hearing aid(s). Use the last day of the rental period as the date of service.

Hearing Aid Replacement: Hearing aids are expected to last 3 - 5 years. Hearing aids may be replaced when they no longer fit, have been lost or stolen, or the current hearing aid is no longer medically appropriate for the child.

Non-Benefit Services:

- ♦ Hearing aid insurance
- ♦ Hearing aids for adults (Hearing exams and evaluations are a benefit for adults only when a concurrent medical condition exists.)
- ♦ Ear molds for the purpose of noise reduction or swimming

The Colorado 1500 manual is included with this bulletin and is also available on the fiscal agent's website at: <http://coloradomedicaid.acs-inc.com> under Manuals in the Provider Services section.

Procedure Coding

Hearing “packages” will no longer be used. Individual services may require prior authorization and must be submitted for payment using the national HCPCS and CPT codes listed below. Providers should bill their usual and customary charges. Refer to complete billing instructions in the CO 1500 Provider Billing Manual.

Code	Narrative	PAR	Maximum Allowable	Comments
92506	Evaluation of speech, language, voice, communication, auditory processing and/or oral rehabilitation status.	No	\$30.88	Age 0 – 999 May be billed for CHIP services.
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour.	No	\$45.78	Age 0 – 999 May be billed for CHIP services.
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development) with interpretation and report	No	\$45.78	Age 0 – 999 May be billed for CHIP services.
96115	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour	No	\$45.78	Age 0 – 999 May be billed for CHIP services.
99341	Home visit for the evaluation and management of a new patient, which requires these three components: problem focused history; a problem focused examination; and straightforward medical decision making	No	\$50.01	Age 0 – 999 May be billed for CHIP services.
V5010	Assessment for hearing aid	No	\$53.68	Age 0 - 20
V5011	Fitting/orientation/checking of hearing aid	No	\$60.00	Age 0 – 20. Replaces X3016 Bill one unit per session. May be billed for CHIP services.
V5014	Repair/modification of hearing aid	No	\$200.00	Age 0 – 20. Replaces X3020
V5060	Hearing aid, monaural, behind the ear	Yes	\$498.75	Age 0 – 20. Submit Audiogram results with PAR.
V5090	Dispensing fee hearing aid, unspecified	No	Per PAR	Age 0 – 20. Replaces X3015. Bill usual and customary charges, Maximum reimbursement will be established per PAR.
V5140	Binaural, behind the ear	Yes	\$997.50	Age 0 – 20. Submit Audiogram results with PAR.
V5244	Hearing aid, digitally programmable, analog, monaural, CIC	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Submit Audiogram results with PAR.
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Submit Audiogram results with PAR.
V5246	Hearing aid, digitally programmable, analog, monaural, ITE (in the ear)	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Submit Audiogram results with PAR.
V5247	Hearing aid, digitally programmable, analog, monaural, BTE (behind the ear)	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Submit Audiogram results with PAR.
V5250	Hearing aid, digitally programmable analog, binaural, CIC	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Bill 2 units. Submit Audiogram results with PAR.
V5251	Hearing aid, digitally programmable analog, binaural, ITC	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Bill 2 units. Submit Audiogram results with PAR.
V5252	Hearing aid, digitally programmable analog, binaural, ITE	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Bill 2 units. Submit Audiogram results with PAR.

Code	Narrative	PAR	Maximum Allowable	Comments
V5253	Hearing aid, digitally programmable analog, binaural, BTE	Yes	\$1,000.00	Age 0 – 20. Replaces X3022. Bill 2 units. Submit Audiogram results with PAR.
V5254	Hearing aid, digital, monaural, CIC	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Submit Audiogram results with PAR.
V5255	Hearing aid, digital, monaural, ITC	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Submit Audiogram results with PAR.
V5256	Hearing aid, digital, monaural, ITE	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Submit Audiogram results with PAR.
V5257	Hearing aid, digital, monaural, BTE	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Submit Audiogram results with PAR.
V5258	Hearing aid, digital, binaural, CIC	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Bill 2 units. Submit Audiogram results with PAR.
V5259	Hearing aid, digital, binaural, ITC	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Bill 2 units. Submit Audiogram results with PAR.
V5260	Hearing aid, digital, binaural, ITE	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Bill 2 units. Submit Audiogram results with PAR.
V5261	Hearing aid, digital, binaural, BTE	Yes	\$1,300.00	Ages 0 – 20. Replaces X3024. Bill 2 units. Submit Audiogram results with PAR.
V5266	Battery for use in hearing device	No	By Invoice (BI)	Ages 0 – 20. Replaces X3019
V5267	Hearing aid supplies/accessories	Yes	BI	Ages 0 – 20. Replaces X3026. Use for “huggies,” remote control, DAI boots and cords, etc.
V5275	Ear impression, each	No	\$40.00	Age 0 – 20. Maximum of 6 units allowed per year.
X3015	Hearing selection administration fee			End dated 06/30/2003. Use V5090
X3016	Hearing Aid training			End dated 06/30/2003. Use V5011.
X3019	Hearing Aid batteries			End dated 06/30/2003. Use V5266.
X3020	Hearing Aid repairs			End dated 06/30/2003. Use V5014.
X3022	Programmable hearing aid			End dated 06/30/2003. Use V5244 – V5253
X3024	Digital hearing aid			End dated 06/30/2003. Use V5254 – V5261.
X3026	Hearing aid remote control			End dated 06/30/2003. Use V5267.

**Please direct questions about Medicaid billing or the information in this bulletin to Medicaid Provider Services at:
303-534-0146 or 1-800-237-0757 (toll free Colorado)**