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Audiology and Hearing Aid Dealer Services

Overview

- Provider Enrollment Requirements
- Record Requirements
- Record Keeping and Request Requirements
- Patient Eligibility



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Overview

- Hearing Services
- Billing
- Edits



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Alaska Medical Assistance Provider Enrollment

- Providers must be enrolled in Alaska Medical Assistance to bill for reimbursement of covered health care services rendered to eligible Medical Assistance recipients.



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Provider Agreement

- Follow procedures that are consistent with guidance in the applicable *Alaska Medicaid Provider Billing Manual*.
- Comply with applicable state and federal Medicaid law.
- Cooperate in reports, surveys, reviews, or audits.



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Guidelines for Record Keeping

- Maintain accurate financial, clinical, and other records:
 - Support the care and services for which payment is requested.
- A billing service or other entity maintaining records must also meet the requirements.



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Provider Record Keeping Requirements

- 7 AAC 105.230 Requirements for Provider Records
- 7 AAC 105.240 Request for records
<http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac>



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Recipient Eligibility

- Section I of the billing manual:
 - Eligibility verification
 - Eligibility codes



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Before Rendering Services

- Verify:
 - Recipient information:
 - Based on recipient's eligibility code
 - Based on the recipient's age
 - Provider information:
 - Based on the provider's credentials
 - List of covered services in the provider billing manual



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Audiology

- Services
- Provider requirements
- Billing codes listed in manual or fee schedule
- Prior authorization, when applicable



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Hearing Aid Dealer

- Services
- Referral
- Prior authorization, when applicable
- Prescribed



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Hearing Aid Dealer Services

- Documentation
- Physician-signed prescription
- Billing manual or fee schedule



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Hearing Aids and Batteries

- One hearing aid per ear, per recipient, per five calendar years.
- One dispensing fee per hearing aid (itemized services included).
- 20 hearing aid batteries per month up to 100 per year.



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Hearing Aids and Accessories

- Hearing aid reimbursement includes accessories.
 - Other accessories, hardware and services must be billed separately.
- Replacements
 - NO REPLACEMENT for products misused or abused by recipients.

Billing Correctly for Hearing Aids

- Appropriate billing for binaural or monaural hearing aids using Health Care Procedure Coding (HCPC) codes.
- Bill correct units, when applicable for all required billing codes on claim.

Rental of Hearing Aids and Accessories

- Rentals
- Prior authorization required

Personal FM Systems

- Requires prior authorization
- Available for recipients under the age of 21

Cochlear Implants

- Requires prior authorization
- Reimbursement
- Batteries
- Non-covered services



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Recipient Travel for Hearing Services

- Prior authorization is required
- Documentation

Plan of Care

- Required for hearing therapy services
- Practitioner's order
- Signature
- Retain copy



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Treatment Plan

- Statement of need:
 - Lip reading
 - Auditory training
 - Hearing aid use
 - Cochlear implant progress



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Labor and Repair

- For labor
 - HCPC code L7520
- For repair
 - HCPC code V5014



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Shipping and Freight

- Reimbursement criteria
- HCPC code V5299

Dispensing Fee and Fitting Fee

- HCPC code V5090 or V5011

Manufacturer's Warranty Deductible Fee

- HCPC Code V5299
- HCPC Code V5298, when applicable
- Prior authorization required



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Non-covered Services

- Assistive listening devices
- Administrative expenses
- CAMA recipients
- Other services



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Prior Authorization (PA) 7 AAC 115.540

- Required for some services
- Refer to provider billing manual



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National Provider Identifier

HIPAA Requirements:

- Compliance
- Electronic transaction requirements
- Taxonomy codes
- Updates



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NPI – Share It

- National Provider Identifier (NPI) registry:
 - <http://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>
- National Plan and Provider Enumeration System (NPPES) database:
 - http://nppesdata.cms.hhs.gov/cms_NPI_files.html



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Billing

- 837P electronic transaction
 - <http://medicaidalaska.com>
 - <http://www.wpc-edi.com>
- Professional paper claim form



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Claims Billing Procedures: Coding

- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
- Procedures/Items/Services:
 - Current Procedural Terminology (CPT)
 - Healthcare Common Procedure Coding System (HCPCS)



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Julian Date Calendar

Day No.	January	February	March	April	May	June	July	August	September	October	November	December
1	1	32	60	91	121	152	182	213	244	274	305	335
2	2	33	61	92	122	153	183	214	245	275	306	336
3	3	34	62	93	123	154	184	215	246	276	307	337
4	4	35	63	94	124	155	185	216	247	277	308	338
5	5	36	64	95	125	156	186	217	248	278	309	339
6	6	37	65	96	126	157	187	218	249	279	310	340
7	7	38	66	97	127	158	188	219	250	280	311	341
8	8	39	67	98	128	159	189	220	251	281	312	342
9	9	40	68	99	129	160	190	221	252	282	313	343
10	10	41	69	100	130	161	191	222	253	283	314	344
11	11	42	70	101	131	162	192	223	254	284	315	345
12	12	43	71	102	132	163	193	224	255	285	316	346
13	13	44	72	103	133	164	194	225	256	286	317	347
14	14	45	73	104	134	165	195	226	257	287	318	348
15	15	46	74	105	135	166	196	227	258	288	319	349
16	16	47	75	106	136	167	197	228	259	289	320	350
17	17	48	76	107	137	168	198	229	260	290	321	351
18	18	49	77	108	138	169	199	230	261	291	322	352
19	19	50	78	109	139	170	200	231	262	292	323	353
20	20	51	79	110	140	171	201	232	263	293	324	354
21	21	52	80	111	141	172	202	233	264	294	325	355
22	22	53	81	112	142	173	203	234	265	295	326	356
23	23	54	82	113	143	174	204	235	266	296	327	357
24	24	55	83	114	144	175	205	236	267	297	328	358
25	25	56	84	115	145	176	206	237	268	298	329	359
26	26	57	85	116	146	177	207	238	269	299	330	360
27	27	58	86	117	147	178	208	239	270	300	331	361
28	28	59	87	118	148	179	209	240	271	301	332	362
29	29	--	88	119	149	180	210	241	272	302	333	363
30	30	--	89	120	150	181	211	242	273	303	334	364
31	31	--	90	---	151	---	212	243	---	304	---	365



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What is Third Party Liability (TPL)?

- Third party resources must be billed prior to billing Alaska Medical Assistance.
 - If recipient has IHS plus private TPL, you must still bill private TPL before billing Medical Assistance.
- Report TPL resource payment on Medical Assistance claims.
 - Include EOB attachments



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Timely Filing

- ALL CLAIMS MUST BE FILED **WITHIN 12 MONTHS** OF THE DATE YOU PROVIDED SERVICES TO THE PATIENT.
- The 12-month timely filing limit applies to all claims, including those that must first be filed with a third-party carrier.



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Edits

- Three-digit codes
- EOB description Remittance Advice (RA) page
- Contact ACS Provider Inquiry



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Appeals

- Process for providers to challenge a decision made by ACS or by the State of Alaska
- Three levels of appeals:
 - First level, second level and Commissioner's level
 - Not all decisions can be appealed at all three levels.

Audiology and Hearing Aid Dealer Services

- Providers must be enrolled.
- Claims must be submitted within 12 months from the date of service.
- Eligibility must be verified.
- Refer to your billing manual or call PI.

Preparing for HIPAA 5010

- Centers for Medicare and Medicaid Services (CMS) Standard
- 5010 Implementation January 1, 2012
- Regulate Electronic Transmission of Healthcare Transactions
- 5010 Transactions Testing



Preparing for ICD-10

- Center for Medicare and Medicaid Services (CMS) Mandate
- Two components
 - ICD-10-CM Diagnosis Codes
 - ICD-10-PCS Institutional Procedure Codes
- Service Date Driven
 - Outpatient Claims
 - Inpatient Claims
- Prepare Now



Resources

- CMS ICD-10 Website
- <http://www.cms.gov/ICD10/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
- <http://medicaidalaska.com>



Resources

- CMS 5010 D.0 Websites
 - <http://www.cms.gov/Versions5010andD0/>
 - <http://www.cms.gov/MFFS5010D0/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
 - <http://medicaidalaska.com>