



STATE OF MARYLAND

DHMH

PT25-2K

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
Audiology Transmittal No. 1**

July 25, 2000

All Audiology Providers

FROM: Joseph M. Millstone, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Audiology Services Available to Children Under the Maryland Medicaid and HealthChoice Programs

Effective November 1, 1999, Maryland HealthChoice regulations were amended to allow outpatient audiology services under Medicaid's fee-for-service system for all Medicaid children under 21 years of age enrolled in a Medicaid participating Managed Care Organization(MCO). This amendment allows Medicaid participating audiologists the ability to bill the State directly for services rendered to all Medicaid and HealthChoice recipients under 21 years of age. Preauthorization or a referral for these services is no longer required from the recipient's MCO or PCP; however, the audiologist is expected to communicate with the patient's MCO primary care physician and cooperate with the PCP in any plan of care for their patient.

As explained in the attached Audiology Procedure Codes and Fee Schedule the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program will pay for a full range of audiological care for Medicaid and HealthChoice-eligible children who are in need of these services. Hearing aids(X0105) Brainstem Evoked Response Recording(ABR)-age 1 and older(92585), unlisted audiology services(X0099) and unlisted hearing aid services(X0199) require Medicaid Program preauthorization.

Please note: repairs, loss/damage insurance and one year extended manufacturer's warranty do not require preauthorization; however, a copy of the invoice indicating the actual cost to the provider must accompany the claim for appropriate pricing.

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us



COMAR 10.09.51 EPSDT: Audiology Services specifies the following hearing aid criteria:

- medically necessary
- not used or rebuilt
- recommended and fitted by an audiologist in conjunction with written medical clearance from a physician who has performed a medical examination within 6 months
- sold on a 30-day basis
- 2 year repair warranty*
- 2 year insurance for loss/theft*

Hearing aids are reimbursed at acquisition cost* to the provider.

Billing

Audiologists must request preauthorization and bill Medicaid with their own provider number. The Program does not recognize audiologists as physician extenders. An audiologist **cannot bill Medicaid for audiology services** by using a physician's provider number. Options enrollment of an audiologist are **self, group or center**. A *group* application requires that each audiologist in the group complete a separate enrollment application. Approval of an application includes appropriate provider licensure as well as certification that the provider has the technical equipment to treat children (completion of a questionnaire and its accompanying documentation facilitates the technical review of the applicant). Hearing aid dealers must be appropriately licensed when applying to Medicaid for enrollment. If necessary, please contact the Program's Provider Masterfile at (410)767-5340 for an enrollment application.

Questions regarding this transmittal should be directed to the staff specialist for audiology services at (410) 767-1485.

*Documentation must be submitted prior to billing and preferably when preauthorization is requested in order for reimbursement to take place. *Payment* for the hearing aid(s) will be *pending* until the Program receives a copy of either an invoice showing the provider's acquisition cost or a copy of the manufacturer's list pricing for the product, extended 12 month repair warranty and 2 year insurance for loss/theft. The hearing aid will be authorized if the applicable criteria have been met.

**EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT
(EPSDT) SERVICES**

AUDIOLOGY PROCEDURE CODES AND FEE SCHEDULE

Procedure Code	Item Description	Maximum Program Reimbursement
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Audiological Services (EPSDT)

Key: * Requires Preauthorization for all recipients
 ** Requires Preauthorization for recipients 1 year old and older

 I/C - Individual Consideration

Audiological Screening Services (EPSDT)

92551	Screening Test, pure tone, air only	\$ 10.00
X0003	Acoustic Immittance Screening	20.00
X0004	Evoked Potentials/Auditory Brainstem Response (ABR) Screening	70.00
X0005	Otacoustic Emissions Screening	50.00
*X0089	Unlisted Audiological Screening Services (Please specify)	I/C

Audiological Diagnostic Services

92557	Basic Comprehensive Audiometry - pure tone, air and bone, and speech, threshold and discrimination (Annual audiological assessment)	40.00
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Procedure Code	Item Description	Maximum Program Reimbursement
<u>Audiological Diagnostic Services - continued</u>		
92589	Central Auditory Function Test(s)	50.00
X0010	Vestibular System Assessment/ENG, diagnostic	150.00
X0011	Acoustic Immittance Assessment, diagnostic	30.00
**92585	Brainstem Evoked Response Recording (evoked response audiometry)ABR	140.00
X0012	Otacoustic Emissions Assessment, diagnostic	75.00
X0002	Additional Audiological Assessment within one year	40.00
V5010	Assessment for Hearing Aid	40.00
92590	Hearing Aid Examination & Selection, monaural	65.00
92591	Hearing Aid Examination & Selection, binaural	65.00
X0009	Additional Audiological Assessment with Hearing Aid Examination and Selection within one year (may also include hearing aid check if necessary)	65.00
92592	Hearing Aid Check, monaural	35.00
92593	Hearing Aid Check, binaural	35.00
X0006	Annual Audiological Assessment with Hearing Aid Check	55.00
X0008	Additional Audiological Assessment with Hearing Aid Check within one year	55.00
X0013	Earmold	27.00
*X0099	Unlisted Audiological Services (please specify)	I/C

Procedure Code	Item Description	Maximum Program Reimbursement
<u>Audiological Diagnostic Services - continued</u>		
V5090	Dispensing Fee, monaural	106.00
V5160	Dispensing Fee, binaural	175.00
X0101	C	I/C
X0102	Two year loss insurance	I/C
X0103	Purchase of one year extended repair warranty from manufacturer (when manufacturer's warranty is for one year only)	I/C
X0104	One year extended repair warranty provided by dealer (only if manufacturer does not issue an extended warranty for second year)	53.00
*X0105	Hearing Aid (specify with documentation)	I/C
X0106	Chest Harness	35.00
X0107	Tone Hook	
X0108	Ear Hook	
X0109	Protective Covering for body hearing aid	10.00
X0112	Replacement Ear Mold	27.00
X0113	Replacement Batteries - max. 48.00 per year for monaural - max. 96.00 per year for binaural	
X0114	Replacement Receiver for body hearing aid	30.00
X0115	Replacement Cords for body hearing aids	15.00
V5014	Repair/Modification of a Hearing Aid (actual cost of repairs necessary after warranty period has expired)	I/C
X0117	Handling Fee for Repairs necessary after warranty period has expired - (75% of the actual cost of the repairs up to the maximum of \$30.00)	30.00
*X0199	Unlisted Hearing Aid Services (Specify with documentation)	I/C