

HEARING AID CHANGES

Effective for dates of service on and after **September 1, 2008**, **hearing aids for children and adults** will be approved through the automated electronic Dispensing Validation System (DVS). A DVS request is submitted in “real time”, which means that the status of the request will be available by the end of your DVS session. The eMedNY claims system will no longer bypass prior approval when an order for a hearing aid originates from a Physically Handicapped Children’s Program Approved Speech and Hearing Center.

Important information on this change:

- Centers, hearing aid vendors and dispensing audiologists will have to obtain an electronic DVS number prior to providing a hearing aid and must report it on the claim for payment to be made.
- DVS checks service limits on the procedure code requested, including frequency, units and age. If service limits are not exceeded, an immediate authorization number is returned. If service limits are exceeded, a prior approval must be requested (see chart below).
- A hearing aid DVS authorization will be granted for an approved period of service of 365 days, and can be cancelled by the provider within 90 days of the authorization date.
- For monaural aids, the left (LT) and right (RT) modifiers must be included in the DVS request and reported on the claim. A separate DVS is required for –LT and –RT modifiers.
- On the ordering provider identification field on prior authorizations and claims, the actual provider identification number of the qualified ordering provider must be entered. Licensed audiologists, physicians and nurse practitioners are qualified to order hearing aids.
- No facility or center provider identification numbers will be allowed in the ordering provider field due to HIPAA/NPI requirements.
- The ordering and dispensing provider id number must be reported on the DVS request and the claim.
- To obtain a National Provider ID, providers must visit the federal government’s website at <https://nppes.cms.hhs.gov> or call 1-800-465-3203 or 1-800-692-2326 for hearing impaired.
- NYS Medicaid enrolled providers must report their NPI to NYS Medicaid via the website www.emedny.org. Audiologists who are not enrolled as Medicaid providers do not have to report NPI to NYS Medicaid but must still obtain an NPI from the federal NPPES website above.
- **All other requirements, coverage and policies relating to hearing aids remain in effect.** See the Hearing Services Provider Manual at <http://www.emedny.org/ProviderManuals/HearingAid/index.html>
- Please note the source of recommendations for hearing aids for Medicaid patients under 21 years of age on page 7 of the Hearing Aid Policy

Guidelines. Recommendations for these patients may come from a PHCP Approved Speech and Hearing Center or other appropriately licensed or credentialed provider.

The following chart illustrates the service limits used by DVS when a hearing aid is requested. If the service limits are exceeded, prior approval is required. When a hearing aid reaches its life expectancy, is in good working order, and meets the beneficiary's medical needs, it should not automatically be replaced.

Code	Description	Service Limits		
		Frequency	Age	Units
#V5030	Hearing aid, monaural, body worn, air conduction	1/5yrs	any	1
#V5040	Hearing aid, monaural, body worn, bone conduction	1/5yrs	any	1
#V5050	Hearing aid, monaural, in the ear	1/5yrs	any	1
#V5060	Hearing aid, monaural, behind the ear	1/5yrs	any	1
#V5070	Glasses, air conduction	1/5yrs	any	1
#V5080	Glasses, bone conduction	1/5yrs	any	1
#V5120	Binaural, body	1/5yrs	0-20	1
#V5130	Binaural, in the ear	1/5yrs	0-20	1
#V5140	Binaural, behind the ear	1/5yrs	0-20	1
#V5150	Binaural, glasses	1/5yrs	0-20	1
#V5170	Hearing aid, CROS, in the ear	1/5yrs	any	1
#V5180	Hearing aid, CROS, behind the ear	1/5yrs	any	1
#V5190	Hearing aid, CROS, glasses	1/5yrs	any	1
#V5210	Hearing aid, BICROS, in the ear	1/5yrs	0-20	1
#V5220	Hearing aid, BICROS, behind the ear	1/5yrs	0-20	1
#V5230	Hearing aid, BICROS, glasses	1/5yrs	0-20	1
#V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	1/5yrs	any	1
#V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	1/5yrs	any	1
#V5252	Hearing aid, digitally programmable, binaural, ITE	1/5yrs	0-20	1
#V5253	Hearing aid, digitally programmable, binaural, BTE	1/5yrs	0-20	1
#V5256	Hearing aid, digital, monaural, ITE	1/5yrs	any	1
#V5257	Hearing aid, digital, monaural, BTE	1/5yrs	any	1
#V5260	Hearing aid, digital, binaural, ITE	1/5yrs	0-20	1
#V5261	Hearing aid, digital, binaural, BTE	1/5yrs	0-20	1

#=DVS required

Providers may use one of two methods to obtain a DVS prior authorization number:

- **Medicaid Eligibility Verification System (MEVS) card swipe terminal, the VeriFone Omni 3750** (instructions for use located at: http://www.emedny.org/ProviderManuals/AllProviders/Omni_3750_Supplemental_Guide/1_3/Omni3750_Supplemental_Guide.html); **or**
- **e-PACES free personal computer software** (instructions located at: <http://www.emedny.org/HIPAA/SupportDocs/ePACES.html>).

Providers who are not prepared to access DVS on or after September 1, 2008 may submit a **DVS override** through the prior approval process during a six month transition period. However, providers are strongly encouraged to access DVS as soon as possible in order to expedite the provision of medically necessary services to Medicaid beneficiaries.

Providers receiving a **service limit rejection** through DVS may submit a DVS override at any time through the prior approval process with documentation attached as to why the service limits need to be overridden.

Instructions on prior approval submission are available at: http://www.emedny.org/ProviderManuals/HearingAid/PDFS/HearingAid_PA_Guidelines.pdf)

For more information and assistance with obtaining a DVS through e-PACES and the Omni 3750 terminal or to obtain eMedNY Prior Approval Request Form 361401 (paper form) for DVS overrides, contact Computer Sciences Corporation (CSC) at (800) 343-9000.

For information regarding general Medicaid coverage of hearing aids or a specific prior approval submission, call the Medical Prior Approval Bureau at (800) 342-3005, Option # 1.