



MISSOURI
DIVISION OF MEDICAL SERVICES

Hearing Aid Bulletin:

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

2003 CPT AND HCPCS UPDATE

Effective August 1, 2003, Missouri Medicaid will begin accepting the 2003 versions of the Current Procedural Terminology (CPT) and the Health Care Procedure Coding System (HCPCS). The 2003 procedure codes have an effective date of August 1, 2003.

Providers may begin billing the 2003 CPT and HCPCS procedure codes for dates of service on or after August 1, 2003.

Changes which occurred as a result of the update include the addition of procedure codes.

Copies of the 2003 versions of the CPT and HCPCS may be purchased from your local medical bookstore.

2003 PROCEDURE CODES ADDED

The following 2003 CPT procedure codes and 2003 HCPCS Level II procedure codes have been added. The amount shown is the Maximum Allowed Amount for the procedure code.

92601 (*Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming*) - \$10.50 per unit, 16 units per day. One unit is 15 minutes.

92602 (*Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming*) - \$10.50 per unit, 16 units per day. One unit is 15 minutes. Do not report 92602 in addition to 92601 on the same date of service.

92603 (*Diagnostic analysis of cochlear implant, patient under 7 years or older; with programming*) - \$10.50 per unit, 16 units per day. One unit is 15 minutes.

92604 (*Diagnostic analysis of cochlear implant, patient under 7 years or older; subsequent reprogramming*) - \$10.50 per unit, 16 units per day. One unit is 15 minutes. Do not report 92604 in addition to 92603 on the same date of service.

V5298RT (*Hearing aid, not otherwise classified, right ear*) and V5298LT (*Hearing aid, not otherwise classified, left ear*) are added with manual pricing. These procedure codes require prior authorization and are covered for ages 0 - 20. This procedure code is to be used in place of procedure code V5299 (*Hearing Service, Miscellaneous*).

Procedure code V5299 is used for items or services which are normally non-covered and are identified as a result of a physician, hearing instrument specialist, audiologist, or other health care professional visit or exam. e.g. FM systems, non-covered testing, etc. Procedure code V5299 continues to be restricted to age 0-20 with manual pricing.

ELIMINATION OF AGE RESTRICTION FOR SERVICES RELATED TO COCHLEAR IMPLANT

The age restriction has been removed from the following procedure codes:

- 92507-*Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual*
- 92510 - *Aural rehabilitation following cochlear implant*
- L7510 - *Repair of prosthetic device, repair or replace minor parts*
- L8619 - *Cochlear implant external speech processor, replacement*

EPSDT/HCY SCREEN

For dates of service on or after October 16, 2003, billing for Early Periodic Screening Diagnosis and Testing (EPSDT)/ Healthy Children and Youth (HCY) Screen has changed. Claims must be billed using the CPT procedure code selected for reporting the hearing screen. For dates of service prior to October 16, 2003, the state specific Level III procedure code must be billed. The replacement procedure code for procedure W0025XP (*hearing screen*) is 9942952. The replacement procedure code for procedure W0025XQ (*hearing screen with referral*) is 9942952UC.

The UC modifier must be used when the child is referred on for further care as a result of the screen. The UC modifier must always appear as the last modifier.

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