



Working Through the Medicaid Maze

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What about the Rules?

- Lee Wilson



Recent History of the Adult Medicaid Hearing Aid Program

1. The program was suspended because of financial factors related to funding in 2003.
2. The program was reinstated in 2005.
3. Adoption of rules after reinstatement were proposed according to Medicaid Policy



Medicaid Rule Development

- To adopt new rules
 - Medicaid researches and develops a proposal
 - Rules are reviewed by the Legal Department
 - Rules go to Medical Care Advisory Committee for approval



Medicaid Rule Development

- Rules go to HHSC Council for approval
- Rules are published in the Texas Register
- Public Comment is solicited
- Final rules are adopted



MCAC and HHSC Council

- Medical Care Advisory Committee
 - This committee is composed of physicians, healthcare administrators, patient advocates
- Health and Human Services Council
 - Political Appointees



Recent History of the Adult Medicaid Hearing Aid Program

- Proposed rules were published in the Texas Register and TAA was given the opportunity to comment.
- August 5, 2005 meeting in Austin



Recent History of the Adult Medicaid Hearing Aid Program

- Proposed rules 2005
 - Benefits
 - Audio Evaluation
 - HAE
 - HA
 - Fitting and Post-fitting check
 - 1st revisit
 - 2nd revisit

Proposed Rules 2005 (Continued)



- Limitations:
 - 21 and older
 - Reimbursement denied if current hearing aid is adequate
 - Does not pay for batteries and cords
 - One hearing aid every six years
 - Binaural limited to individuals who are legally blind and hearing-impaired



More Proposed Rules 2005

- Limitations (continued)
 - US manufactured hearing aids if price and quality are comparable
 - Will not pay for auditory training, speechreading or other rehabilitation
 - Recipient must have PTA of 45 dB or greater in the better ear



Other Key Provisions of the 2005 Proposed Rules

- A physician may authorize a "home visit hearing evaluation" if it is medically necessary.
- Hearing aids dispensed must be new and meet manufacturer's specifications
- Hearing aids must have at least a 12 month warranty
- Recipients must be given a one-month supply of batteries
- Thirty day trial period (consecutive days)



Other Key Provisions of the Current Rules

- Post-fitting check within 5 weeks of the initial fitting (not separately reimbursable)
- First revisit - a hearing aid check within six months of the post-fitting check
- Second revisit - as needed for adjustments



Other Key Provisions of the Current Rules

- Audiologists who participate must be licensed and certified by ASHA (or meet ASHA equivalency requirements)



Public Meeting - August 4, 2005 - Austin

- TAA commented on the 2005 proposed rules at the public hearing
 - In attendance for TAA
 - Angela Shoup, President
 - Lee Wilson, VP Professional Issues
 - Brad Shields, Lobbyist for TAA

TAA Comments on 2005 Proposed Rules



- Your Academy commented on the following aspects of the proposed rules:
 - Provision of batteries
 - Need to consider earmolds
 - Need to consider hearing aid repair
 - Home visit evaluations
 - US manufactured hearing aid provision
 - Hearing loss requirement
 - Need for binaural amplification
 - ASHA Certification Requirement



Adoption of 2005 Rules

- Because of
 - the need to establish rules for the program
 - And the lengthy process for adopting new rules

Medicaid essentially adopted the proposed rules as written without regard to TAA's comments

HOWEVER



TAA's Comments Were Heard

- The result of the 2005 public hearing was a thorough examination of the rules.
- A new proposal is being developed



Status of proposed new rules - 2007

- Rule have been through "Legal" - were supposed to go to MCAC yesterday
- Are scheduled for HHSC Council on November 29
- Will be published in Texas Register in January 2008
- Public comment will follow
- Adoption no sooner than April 2008



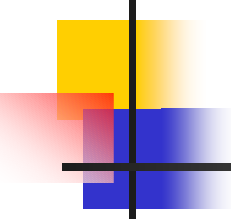
Major Changes Anticipated

- **Binaural** hearing aids rather than one
- Replacement of hearing aids every five years instead of six
- Medicaid to provide Hearing Aid Batteries for recipients



Major Changes Anticipated

- Repairs for aids purchased by Medicaid
- Hearing aids for individuals whose hearing loss in the better ear is 25 dB or greater instead of 45 dB or greater
- Audiologist providers need only be licensed instead of licensed and ASHA certified!!!!



What about the Details?

- Todd and Jane Porter



PROCEDURE TO CONTRACT WITH MEDICARE

Go to www.hhs.gov Go to Medicare
Provider-supplier Enrollment-
Overview and then Enrollment
Application

PROCEDURE TO CONTRACT WITH MEDICAID



- NOTE: In order to contract with Medicaid, you must FIRST have a Medicare provider number.
- Go to www.hhsc.state.tx.us and go to provider enrollment application.
- You can also call the Texas Medicaid Healthcare Partnership (TMHP) at 1-800-925-9126 to request a provider enrollment form.



FOR AUDIOLOGISTS CURRENTLY DISPENSING AIDS UNDER MEDICAID

- You will need to have the following forms in the patient's file:
- (1) B.43 Physician's Examination Report
- (2) B.18 Hearing Evaluation, Fitting and Dispensing Report (Form 3503)
- (3) Hearing Aid Program /Patient Certification Statement and Medicaid Delivery Form
 - (this form is also used for certification of the first and second follow-up)
- All of these forms can be downloaded from the Medicaid web site.



FOR PATIENTS WHO HAVE BOTH MEDICARE AND MEDICAID

- Bill Medicare first, then Medicare will reimburse you their part and automatically forward the claim to Medicaid



SPECIAL CLASSES OF MEDICAID PATIENTS

- (1) Children under 21 are served by the PACT program if they have a Medicaid number. Providers must have a PACT provider number.



SPECIAL CLASSES OF MEDICAID PATIENTS

- (2) Children under 21 who have Medicaid under another program such as CHIP, UNICARE or other insurance such as PARKLAND KIDS FIRST in Dallas, are not eligible for PACT services. In Dallas, these children are served by AMERIGROUP which covers both testing and binaural hearing aids.



BILLING MEDICARE

- Physician statement and diagnosis code are required for the patient's chart and their UPIN must be on the HCFA 1500 claim form.
- Medicare will pay for procedure codes 92557, 92567, 92568 and 92569 ONLY. Bill your usual and customary fees. Balance billing is not allowed. NOTE: if your facility advertises free hearing tests, you may NOT bill Medicare for testing,
- NOTE: evaluations which are done solely for the purpose of the fitting of hearing aids are NOT covered.



BILLING FOR MEDICAID

- Physician statement and diagnosis code are required and their UPIN must be on the HCFA 1500 claim form



BILLING FOR MEDICAID

- The date of service for evaluation only (i.e., patients who have an average hearing loss less than 45dB at the better ear) is the date that the service is provided.
- NOTE; MEDICAID RULES FOR HEARING AIDS REQUIRE THAT THE DATE OF SERVICE IS THE DATE THAT THE PATIENT IS FITTED WITH A HEARING AID. Medicaid cannot be billed for hearing aids before the aid is dispensed.



MEDICAID BILLABLE CODES AND FEES

- V92557 Comprehensive hearing evaluation \$44.35
- V5264 Earmold \$18.90
- V5275 Earmold impression \$18.90
- V5090 Hearing aid dispensing fee \$100.00
- (V-code varies according to the aid dispensed) MSRP*
- 99211 First revisit (within 5 weeks) \$15.55
- 99212 Second revisit (within 6 months) \$22.37

- *NOTE: Current Medicaid rules require that the Manufacturer's Suggested Retail Price (MSRP) be entered on the HCFA 1500 claim. At the current rate, hearing aids are reimbursed at MSRP less 18%.