



# AUDIOLOGY UPDATE



Volume 1, Number 1

## STEPS for Obtaining and Registering the NPI Number:

1. Go to: <https://nppes.cms.hhs.gov> and click on "National Provider Identifier (NPI)"
2. Follow the instructions to apply online for the NPI number
3. As soon as you receive your number, go to: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) and click on "NPI Registration Deadline...read more" on the far right on the web page
4. Click on the link: Register/Update/Inquire NPIs and follow the instructions
5. Complete your national registration before May 23<sup>rd</sup>.
6. Watch for the new forms and upcoming important dates at: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

## HAVE YOU REGISTERED YOUR NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER?

National registration is due by May 23, 2007!

Medi-Cal is transitioning to the National Provider Identifier (NPI) number, per the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. HIPAA mandated the adoption of standard unique identifiers for health care providers, as well as the adoption of standard unique identifiers for health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) have developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. **It is the law that all health care providers register through NPPES by May 23, 2007.**

Registration for both NPI and Medi-Cal is FREE and can be completed online in minutes. Step-by-step instructions are listed to the left, or providers can follow the instructions on the Medi-Cal website at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Hard copy registration is also available, and forms can be obtained in the "Provider Enrollment" area of the Medi-Cal Forms page, or by calling 1-800-541-5555 and selecting option 16, followed by option 18.

There may be a period of dual use for the NPI number and the Medi-Cal provider number. The new claim forms, CMS-1500, are designed to accommodate both numbers. **When you begin using the CMS 1500 claim forms, we recommend that you provide BOTH the new NPI number and your Medi-Cal provider number, until otherwise notified.** This will allow the system to transition smoothly and ensure continued payment.

To stay current on Medi-Cal deadlines and forms, read the *Medi-Cal Updates* or refer to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

**DON'T PROCRASTINATE...ENSURE CONTINUED  
PAYMENT...REGISTER TODAY!**

## Hearing Aid Codes in brief:

- **V5298** is used for regular Medi-Cal benefit hearing aids
- Medi-Cal reimbursements rates are up to \$883.80 monaural and \$1480.32 binaural
- **Z5946** is processed through EPSDT-SS review
- Z5946 is reimbursed at invoice plus 60%

## Key billing phone numbers:

For billing questions:

1-800-541-5555

For automated billing information:

1-800-786-4346

## Websites for Reference:

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

Click on "Allied Health" under "Provider Manuals" for Audiology and Hearing Aid benefits, or go to "Contact Us" for phone numbers and addresses related to billing.

[www.dhcs.ca.gov/services/nhsp](http://www.dhcs.ca.gov/services/nhsp)

The Newborn Hearing Screening Program website is a good source for audiology forms, resources and updates for our providers serving children.

[www.dhcs.ca.gov/services/pages/cms.aspx](http://www.dhcs.ca.gov/services/pages/cms.aspx) to "Letters and Notices from up-to-date policy regarding CCS services. CCS Numbered Letter 12-0605, 13-0605, and 30-1205 all pertain to hearing aid benefits.



## What are you getting paid for hearing aids?

**B**illing appropriate codes for hearing aids for California

Children's Services (CCS) providers can often be a confusing process. Because our CCS providers are serving children, there are two options for billing for services provided to CCS, Healthy Families, and Medi-Cal beneficiaries: billing utilizing the regular Medi-Cal benefit codes, or billing through Early and Periodic Screening Diagnosis and Treatment Supplemental Services (EPSDT-SS). Both have their advantages and disadvantages, and it is up to the discretion of the provider which method to choose.

Historically, the regular Medi-Cal hearing aids benefit was only for "conventional aids"; that is, analog hearing aids. The term "non-conventional" was defined by CCS in order for children to have access to digital and programmable analog aids. However, in September 2003, digital and programmable analog aids were made a benefit of the Medi-Cal program. Those aids were given the code **V5298** and are reimbursed the lesser of:

1. \$883.80 (monaural hearing aid), or \$1480.32 (binaural hearing aids)
2. The one-unit wholesale cost plus \$256.37 (monaural), or the one-unit wholesale cost plus \$326.08 (binaural)
3. The billed amount

Billing for either monaural or binaural hearing aids must be billed as one unit. The claim must be accompanied by the manufacturer's invoice and the provider's invoice, which includes the usual charge to the general public. Sales tax is added to the maximum allowance. This reimbursement includes 6 post-sale visits for adjustments and fitting and other components normally required to use the instrument. All claims must be submitted with a copy of the patient specific invoice, which includes the manufacturer's name, the model or serial number, an indication of the number of units authorized, and the wholesale cost (the unit price, not including rebates, discounts or taxes). The advantage of using V5298 for lower cost hearing aids as a regular Medi-Cal benefit is that prior authorization and payment does not require the more extensive EPSDT-SS review.

The second option for billing hearing aids is using the HCPCS code **Z5946**. These claims are processed as an EPSDT-SS, which have a different approval, review, authorization, and claiming process. Reimbursement for EPSDT-SS is the manufacturer's invoice price plus 60%. The invoice price includes all rebates and discounts, which are subtracted from the wholesale cost before the 60% mark-up is calculated. Claims must include a copy of the patient specific manufacturer's invoice. When billing binaural hearing aids, providers should bill for a quantity of 1 (1 binaural unit), but the invoice should justify reimbursement for two units. Using the Z5946 will allow for reimbursement above the Medi-Cal maximum allowances listed above.

## Contact Us:

For one of our audiology consultants:

Jennifer Sherwood:

1-415-904-9678

[jennifer.sherwood@dhcs.ca.gov](mailto:jennifer.sherwood@dhcs.ca.gov)

Lisa Satterfield:

1-916-323-8100

[lisa.satterfield@dhcs.ca.gov](mailto:lisa.satterfield@dhcs.ca.gov)

NHSP line:

1-916-322-5794

## What would YOU like to see in the next Audiology Update?

1. Key billing errors and solutions
2. CCS/NHSP policy changes and updates
3. NHSP Reporting Requirements and Procedures
4. Coordination of Care and Follow up with the ENT
5. YOUR SUGGESTION!

Fill out and fax the enclosed "CCS/NHSP Provider Update Form," contact one of our audiologists, or e-mail your suggestions to:

[nhsp3@dhcs.ca.gov](mailto:nhsp3@dhcs.ca.gov)

For billing either code, prior authorization is needed for hearing aid services, and modifiers -NU (new equipment purchase), or -RR (rental) must be added to the end of the code, as appropriate. For repairs, the HCPCS code V5014 must be billed with the modifier -RP.

## Billing Other Health Coverage (OHC)



Always make sure that Other Health Coverage (OHC) is billed first when submitting claims for CCS and Healthy Families patients. Providers are required to submit an Explanation of Benefits (EOB) with every claim. CCS will only pay up to the Medi-Cal rate, less the amount paid by the OHC. However, if the provider has an agreement with an OHC carrier/plan to accept the contracted rate as "payment in full", CCS will not pay the balance of the provider's bill. The contracted rate is determined between the OHC and the provider. CCS will only pay the difference when a patient is responsible for a portion of the cost. Please note that CCS patients are not to be billed.

## Children's Medical Services Hearing and Audiology Services Unit



The Children's Medical Services, Hearing and Audiology Services Unit, administers the California Newborn Hearing Screening Program and approves Outpatient Infant Hearing Screening Providers, audiologists wishing to be approved ("paneled") to provide services to children under the CCS program and CCS audiology facilities (Communication Disorder Centers) delivering diagnostic and treatment services to children age 0-21 affected by hearing loss. The Unit develops and implements statewide program policy and provides technical assistance and consultation to providers and local CCS programs in the delivery of audiological services. Our audiology consultants, Jennifer Sherwood, M.A., (510-286-0457) and Lisa Satterfield, M.S., (916-323-8100) are available Tuesdays and Thursdays to address your concerns or questions regarding audiology services to children.