

Attention all **Durable Medical Equipment (DME) Hearing Aid Providers** please review the following guidance concerning the Service Authorization (SA) submittal process and the Hearing Aid policy.

Service Authorization (SA) Submittal Process.

Review SA before submitting to insure all required information is present:

1. Requesting NPI number is the clinic's NPI number where the audiologist seen the member at. Not the audiologist's NPI number.
2. Pricing modifier NU and the appropriate designating modifier is submitted LT (left) and RT (right). The LT/RT should not be used when requesting the dispensing fee HCPC codes V5160, V5241, V5090 and V5110.
3. SA date of service are within 60 days of the prescribing physician/practitioner exam. Does not need to be the same date when SA was entered. A provider has 90 days to submit a request. For example; Member is seen by their physician/practitioner on 3-1-2018. The Provider has until 5-30-2018 to submit the SA request with all required supporting documents for review. If submitted on 5-31-2018 then it is denied as Provider liable and may not resubmit.
4. Insurance information is entered in notes section.
5. Diagnosis code(s) are entered.
6. Attach all required supporting documents as listed in the Hearing Aid Policy and clarified below are attached to the SA.

Hearing Aid Policy Required Supporting Documents:

1. Physician notes from prescribing physician/practitioner within 60 days of SA start date. Must provide sufficient clinical rationale to substantiate the medical need for evaluation of possible hearing device.
 - ❖ The physician/practitioner needs to address what hearing issues the member is having in their exam documentation. The documentation needs to support the need to order/refer the member to audiology for evaluation. Without this required visit it is assumed the member is self-referred. Self-referrals are a non-covered service.
 - ❖ This physician/practitioner visit is required to rule out other medical reasons that may be causing issues that can decrease

hearing. If the physician feels the member needs a hearing eval. they will issue a script/prescription to do so.

2. Prescription from the prescribing physician/practitioner who referred the member to audiology is required.

A valid prescription/order/referral needs the following required elements:

- ❖ Member's name,
 - ❖ Member's date of birth or Medicaid number,
 - ❖ Diagnosis code,
 - ❖ Length of need,
 - ❖ Item being requested (hearing aid left or right, etc.),
 - ❖ Legible physician/practitioner signature and date when signed.
3. A completed Certificate of Medical Necessity (CMN) SFN 581 is required.
 - ❖ Sections A, B, and C can be completed by the audiologist.
 - ❖ Section D is completed by the prescribing physician/practitioner.
 4. Audiologist's office notes and the related audiogram.

Frequent SA Issues causing Denials:

1. Member is not seen by their physician/practitioner prior to being evaluated by audiology and having audiogram done.
2. Missing required physician/practitioner notes instead ENT notes are sent. Since an ENT is a specialist and requires a referral from the member's physician/practitioner, the ENT notes can be sent as supportive but are not considered a substitute for the member's physician/practitioner notes and the corresponding prescription for a hearing evaluation by audiology. ENT are also should not be signing the CMN or ordering hearing aids as this is done by the member's physician/practitioner.

A member can be seen and evaluated by their physician/practitioner on the same day as seen by audiology, but the member needs to see their physician for first.

3. Provider is re-submitting SA with corrections and/or missing documents and are using the same day they entered the new request for the start date. Provider needs to use the original SA's start date. By using the original SA's start date then the physician/practitioner notes will still be within the 60-day requirement.

For example: W00000001 denied for missing audiogram on 3-1-18 with a start date of 3-6-18. Provider re-submits new SA W00000090 with the missing audiogram and all other required supporting documents on 4-3-18. The ne SA's start date should **not** be 4-3-18, but the original denied SA's start date of 3-6-18.

4. Missing pricing purchase modifier for all HC{PC codes including dispensing.
5. Missing attached required supporting documents which prevents review.
6. Missing who the member's insurers are in the Note's section of the SA. Please review the MMIS Service Instructions section 10 on the DME webpage.
<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-durable.html>
7. Using the incorrect modifier for binaural usage.
8. When requesting binaural hearing aids units requested is 1 unit with the NU and LT/RT modifiers.
9. When requesting monaural hearing aid units requested is 1 unit with the NU and LT or RT modifier.
10. SA is missing required physician/practitioner notes. Instead ENT notes are sent. The ENT is a specialist that requires a referral from the member's physician/practitioner. The ENT notes can be sent as supportive but are not considered as a substitute for the member member's physician/practitioner notes and the corresponding prescription for a hearing evaluation by audiology.

