



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Providers - Hearing Services
DATE: July 1, 2004
SUBJECT: Provider Manual Update Transmittal No. 45

REMOVE

Section	Date
204.000	10-13-03
214.000	10-13-03
242.110	10-13-03

INSERT

Section	Date
204.000	7-1-04
204.000 – 214.100	7-1-04
242.110	7-1-04

Explanation of Updates

Section 204.000 is included to delete obsolete information.

Section 214.000 is included only to clarify the language.

Section 214.100 is added to explain the process for obtaining an extension of benefits. A new form, DMS-686, Amplification/Assistive Technology Recommendation Form, is created for use when requesting services that must be approved. A copy of DMS-686 is attached.

Section 242.110 is included to add a modifier to procedure code V5008 when used for an EPSDT interperiodic hearing screen. Procedure codes V5190, V5150, V5220 and V5230 are deleted due to non-utilization.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will automatically be incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

204.000 The Hearing Services Provider's Role in the Child Health Services (EPSDT) Program

7-1-04

The Arkansas Medical Assistance Program includes a Child Health Services (Early and Periodic Screening, Diagnosis and Treatment or EPSDT) Program for eligible individuals under 21 years of age. The purpose of this program is to detect and treat health problems in their early stages.

If you are a Child Health Services (EPSDT) provider, please refer to the Child Health Services (EPSDT) manual for additional information.

Hearing Services providers interested in the Child Health Services (EPSDT) Program should contact the Central Child Health Services Office. [View or print the Central Child Health Services Office contact information.](#)

Hearing Services providers must bill Child Health Services (EPSDT) on the DMS-694 claim form when billing on paper. If billing electronically, use the 837 Professional claim format. Current billing information must be obtained from the Child Health Services (EPSDT) provider manual. Ancillary charges, such as lab and X-ray, associated with Child Health Services (EPSDT) should be listed on the claim. [View a DMS-694 sample form.](#)

Any enrolled Arkansas Medicaid provider who provides services that are not covered by the Arkansas Medicaid Program to a participant in the Child Health Services (EPSDT) Program who has been referred for services as a result of an EPSDT screen will be reimbursed for the services provided if they are medically necessary and permitted under Federal Medicaid regulations.

When a provider performs a Child Health Services (EPSDT) screen and refers the patient to another provider for services not covered by Arkansas Medicaid, the referring provider must give the recipient a prescription for the services. The prescription must indicate that the services being prescribed are due to a Child Health Services (EPSDT) screen. The recipient must present this prescription to the Prosthetics provider. The recipient may take this prescription to the provider of his or her choice. The prescription for services must then be retained in the recipient's medical record for audit purposes by the provider who provides the services. If the recipient is then referred to another provider, the same procedure must be followed. [A provider who performs a Child Health Services \(EPSDT\) screen may also provide services resulting from the screen, if appropriate.](#)

In order for the non-covered service to be eligible for Medicaid payment, the referral documentation must be available for review.

The prescription for services must be dated by the provider referring the patient. The prescription for the non-covered service is acceptable if services were prescribed and the prescription is dated within the applicable periodicity schedule, not to exceed a maximum of 12-months.

214.000 Limitations and/or Exclusions

7-1-04

There is a one-year warranty period during which all necessary adjustments, parts and replacements to the transmitter and receiver are provided at no cost to the recipient or to the Medicaid Program. At the expiration of the warranty period, the dealer will be reimbursed at the lesser of 75% of charges billed to private patients or the Title XIX maximum charge allowed for necessary repairs and replacements.

Repairs and replacements to the transmitter or receiver of hearing aids not purchased through the Medicaid Program may be authorized in the same manner as aids purchased through the Program. Medicaid will make no reimbursement for this equipment during the one-year warranty period.

Replacements are not covered under the Medicaid Program one-year warranty period. Reimbursement is made by Medicaid at 68% of charges billed to private pay patients.

In cases of equipment abuse, no payment will be made by the Medicaid Program. The recipient (or parent or guardian) is encouraged to purchase hearing aid insurance from the dealer to cover the cost of repairs or replacements.

214.100 Extension of Benefits

7-1-04

The hearing services provider may request an extension of benefits by sending a letter to the Utilization Review Unit requesting prior authorization for additional services. The request must be accompanied by the Medicaid recipient's medical record. [View or print the Utilization Review Section contact information.](#)

Providers are encouraged to use Form DMS-686, Amplification/Assistive Technology Recommendation Form, to request hearing aid services that require approval. Providers are not required to use DMS-686. However all the information contained in DMS-686 must be submitted in writing to the reviewer. [View or print form DMS-686.](#)

242.110 Hearing Aid Procedure Codes

7-1-04

Use the following procedure codes for hearing aid equipment for recipients under age 21 in the EPSDT program. Hearing aids are limited to two appliances per six-month period.

HCPCS Codes				
V5030	V5040	V5050	V5060	V5120
V5130	V5140	V5170	V5180	V5210
V5299				

National Code	Required Modifier(s)	Local Code	Local Code Description
V5267	—	Z0450	Accessories, hearing aid, earmolds, batteries, huggie aids, tubing replacement, libby horn, harness
V5014	—	Z0451	Repairs, hearing aid
V5008	EP	Z1637	EPSDT periodic hearing screen
V5008	EP, U1	Z1643	EPSDT interperiodic hearing screen