



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

TO: Audiology Providers

FROM: Margaret Berman, Chief *Margaret Berman*
Division of Children's Services

RE: Maryland Department of Health (MDH) Recent Actions – Audiology Services for
Fee-for-Service (FFS) Medicaid Enrollees

DATE: April 18, 2019

On July 1, 2018 the Maryland Department of Health (the Department) expanded Medicaid audiology, hearing aid, cochlear implant, and auditory osseointegrated device services to include coverage for adults. Since that time, some providers have reported experiencing difficulties with obtaining preauthorization or payment for services provided to Medicaid Fee-for-Service (FFS) participants.

In the past few months, the Department has made the following changes to assist providers with reducing barriers in the FFS system:

Preauthorizations

1. FFS participants are required to obtain preauthorization for audiology services through the Department's Utilization Control Agent, Telligen, while MCO enrollees must obtain preauthorization for audiology services through their MCO.
2. The Audiology Preauthorization form is no longer required when requesting preauthorization through Telligen for FFS participants. All pertinent information that was reported on this form is now provided when entering a preauthorization request into Telligen's web-based portal, Qualitrac.
3. Some FFS preauthorization requests are automatically closed out in Qualitrac with a status of "No Review Required". This prevents the provider from uploading supporting documentation for the request. Each Monday, Telligen will identify the cases that should be reopened based on the participant's Medicaid eligibility, and an Additional Information request letter will be sent to the provider at this time to allow them to upload the supporting documentation to the case ID in Qualitrac. If the supporting documentation is not uploaded into Qualitrac within 20 calendar days, the preauthorization request will be denied.

4. Providers should review all preauthorization denial letters received for bilateral hearing aids, as Telligen will note in the body of the letter if the request would be approved for a unilateral hearing aid, had the request for preauthorization been submitted.
5. A replacement preauthorization number will be needed, if providers have any FFS preauthorization numbers that begin with an “E” instead of an “A”. As a reminder, to ensure that you receive the correct authorization number in the future, please select *Audiology* as the **Equipment Type** when entering a preauthorization request in Qualitrac. Please contact Stephanie Hood at 410-767-3998 or stephanie.hood@maryland.gov for assistance with getting an alternate preauthorization number to submit with the claim.

Payments

1. Reimbursement rates for audiology services provided by physicians and audiologists are now the same. This applies to claims submitted through Fee-for-Service (FFS) Medicaid and may or may not affect the reimbursement of claims submitted to MCOs. ***Please note that the MCOs are not required to pay the same reimbursement rate as FFS Medicaid.**
2. The 258 error on claims indicating that the Medicaid participant is “not within age range” has been corrected in MMIS-II. Please resubmit any claims denied for this reason.
3. A Medicare EOB is no longer required when submitting FFS claims to the Department for the following codes, as Medicare does not provide coverage for the following hearing aid codes: 92590, 92591, 92592, 92593, 92594, 92595, 92596, V5014, V5160, V5171, V5172, V5181, V5200, V5211, V5212, V5213, V5214, V5215, V5221, V5240, V5241, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5266, V5267 and 99002. This change should greatly reduce the number of claims that deny in MMIS-II with the 528 “Recipient entitled to either Medicare Part A or Part B benefits” error. Please resubmit any claims denied for this reason.

The Department continues to work closely with Telligen and all of the MCOs to try to reduce or eliminate the barriers to providing these medically necessary services. Providers experiencing issues with preauthorization or medical documentation requests for Medicaid participants enrolled in an MCO should contact the Complaints Resolution Unit at 800-284-4510. Providers experiencing issues with reimbursement for Medicaid participants enrolled in an MCO, should contact the Provider Hotline at 800-766-8692 or mdh.healthchoiceprovider@maryland.gov with specific case examples.

For additional information please review the Audiology, Physical Therapy and EPSDT Provider Manual which can be found under the EPSDT/Healthy Kids Resources heading at the following link: <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>. In addition, specific MCO contact information for audiology services can be found at the following link: <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>.

Thank you for your assistance and patience in providing these services to eligible Marylanders. If you have any questions, please contact Stephanie Hood in the Division of Children’s Services at 410-767-3998 or stephanie.hood@maryland.gov.